

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90005 006 \*\*\*150.00

DOCUMENT # *P00000052336*

1. Entity Name

*DYter Limited, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1680 Michigan Avenue*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1001*

City & State

*Miami Beach, FL*

City & State

4. FEI Number

*65-1008827*

Applied For

Not Applicable

Zip

*33139*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Mark Hollander*

Street Address (P.O. Box Number is Not Acceptable)

*11410 North Kendall Drive, # 207*

City

*Miami*

FL

Zip Code

*33176*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Joseph M. Barisic, Esquire*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/28/02*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President/Treasurer  
Mark Hollander  
11410 North Kendall Drive, #207  
Miami, FL 33176*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Vice-President/Secretary  
Norman Canter  
2901 South Bayshore Drive  
Miami, Florida 33133*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Vice-President  
David Filler  
1520 Venetian Way  
Miami Beach, FL 33139*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Director  
Joseph M. Barisic  
1521 Alton Rd, #111  
Miami Beach, FL 33139*

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norman Canter*

Date

*3/28/02*

Daytime Phone #

*3056730281*