

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90085 030 \*\*\*150.00

**DOCUMENT # P00000074133**

1. Entity Name  
**DIRAND ENTERPRISES, INC**

Principal Place of Business  
**3433 GALT OCEAN DRIVE  
 FORT LAUDERDALE FL 33308**

Mailing Address  
**3433 GALT OCEAN DRIVE  
 FORT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

*COPY ATTACHED*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREA, RALPH  
 3433 GALT OCEAN DRIVE  
 FORT LAUDERDALE FL 33308**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>SOBO, DIANE<br/>517 PALM AIRE DRIVE<br/>POMPANO BEACH FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**Application for Employer Identification Number**  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

|                               |  |  |
|-------------------------------|--|--|
| Please type or print clearly. | 1 Name of applicant (legal name) (see instructions)<br><b>Dirand Enterprises, Inc.</b>   |  |
|                               | 2 Trade name of business (if different from name on line 1)  | 3 Executor, trustee, "care of" name                                |
|                               | 4a Mailing address (street address) (room, apt., or suite no.)<br><b>3433 Galt Ocean Drive</b>   | 5a Business address (if different from address on lines 4a and 4b) |
|                               | 4b City, state, and ZIP code<br><b>Fort Lauderdale FL 33308</b>  | 5b City, state, and ZIP code                                       |
|                               | 6 County and state where principal business is located<br><b>Broward Florida</b>   |  |
|                               | 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►<br><b>Diane Sobo</b> |  |

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

|   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)   |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)   |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <b>For Profit Corporation</b> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military  |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)   |
| <input type="checkbox"/> Other (specify) ►                        |   |

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| <b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated<br><b>Florida</b> | Foreign country |
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| <b>9</b> Reason for applying (Check only one box.) (see instructions)<br><input checked="" type="checkbox"/> Started new business (specify type) ►<br><input type="checkbox"/> Hired employees (Check the box and see line 12.)<br><input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ►<br><input type="checkbox"/> Changed type of organization (specify new type) ►<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ►<br><input type="checkbox"/> Other (specify) ► |
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|---|--|
| <b>10</b> Date business started or acquired (month, day, year) (see instructions)<br><b>September, 2000</b> | <b>11</b> Closing month of accounting year (see instructions)<br><b>December</b> |
|---|--|

|  |                 |
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| <b>12</b> First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . | <b>None Yet</b> |
|--|-----------------|

|   |                             |                          |                       |
|---|-----------------------------|--------------------------|-----------------------|
| <b>13</b> Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . | Nonagricultural<br><b>0</b> | Agricultural<br><b>0</b> | Household<br><b>0</b> |
|---|-----------------------------|--------------------------|-----------------------|

|   |
|---|
| <b>14</b> Principal activity (see instructions) ► <b>Building Development</b> |
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|  |
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| <b>15</b> Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," principal product and raw material used ► |
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|---|
| <b>16</b> To whom are most of the products or services sold? Please check one box.<br><input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A |
|---|

|   |
|---|
| <b>17a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Note: If "Yes," please complete lines 17b and 17c. |
|---|

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|---|
| <b>17b</b> If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.<br>Legal name ► Trade name ► |
|---|

|  |
|--|
| <b>17c</b> Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.<br>Approximate date when filed (mo., day, year) City and state where filed Previous EIN |
|--|

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

|  |   |
|--|---|
| Name and title (Please type or print clearly.) ► <b>Diane Sobo President</b> | Business telephone number (include area code)<br>( <b>954</b> ) <b>977-5131</b> |
|  | Fax telephone number (include area code)<br>( <b>954</b> ) <b>563-1589</b>      |
|  |   |

|                               |                       |
|-------------------------------|-----------------------|
| Signature ► <i>Diane Sobo</i> | Date ► <i>6/24/01</i> |
|-------------------------------|-----------------------|

Note: Do not write below this line. For official use only.

|                      |      |      |       |      |                     |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ► | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|