

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90004 041 ***150.00

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

DOCUMENT # P00000085436

1. Entity Name

DIDOMENICO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4133 AMBER LANE

3. Mailing Address
4133 AMBER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
65-1042493

Applied For
Not Applicable

Zip
33331

Country

Zip
33331

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
ANTONIO CHIMIENTI

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

4133 AMBER LANE

City
WESTON

FL

Zip Code
33331

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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
D
NAME
ANTONIO CHIMIENTI
STREET ADDRESS
4133 AMBER LANE, WESTON, FL
CITY - ST - ZIP
33331

TITLE
D
NAME
MICHELLE M. CHIMIENTI
STREET ADDRESS
4133 AMBER LANE, WESTON, FL
CITY - ST - ZIP
33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO CHIMIENTI

3/8/02

Date

(305) 341-3647

Daytime Phone #

CR2E034B (12/01)