

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

FILED

02 OCT 15 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092154

1. Entity Name

DCI GROUP CORP.

DO NOT WRITE IN THIS SPACE

800008426358
10/17/02--01053--014 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6780 TAFT ST

3. Mailing Address
6780 TAFT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number 651047708

Applied For
Not Applicable

Zip
33024

Country
BROWARD

Zip
33024

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ANTONINO PELLERITO

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

6780 TAFT ST

City HOLLYWOOD

FL

Zip Code
33024

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
FRANK MORISANO
6780 TAFT ST HOLLYWOOD FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
DIANA OCCHIOGROSSO
6780 TAFT ST HOLLYWOOD FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
ANTONINO PELLERITO
6780 TAFT ST HOLLYWOOD FL 33024

TITLE
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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

FRANK MORISANO

Date

Daytime Phone #

CR2E034B (12/01)

10/15/02