

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

04 MAY 26 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000092154**

1. Entity Name
DCI GROUP CORP.



Principal Place of Business
**6700 TAFT STREET
HOLLYWOOD FL 33024**

Mailing Address
**6700 TAFT STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business
2303 Hollywood Blvd

3. Mailing Address
PO Box 848217

Suite, Apt. #, etc.
SUITE # 3

Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
Pembroke Pines FL

Zip
33020

Country
Broward

Zip
33084

Country
Broward



6. Name and Address of Current Registered Agent PELLERITO, ANTONINO 6780 TAFT STREET HOLLYWOOD FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ANTONINO PELLERITO** **4/25/03**

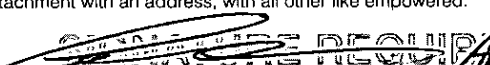
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OCCHIOGROSSO, DIANA 6780 TAFT STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORISANO, FRANK 6780 TAFT STREET HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800024023398 10/22/03--01067--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELLERITO, ANTONIO 6780 TAFT STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800024023398 05/26/04--01045--003 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANTONINO PELLERITO** **4/25/03** **954-963-5855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)