


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


0040368
AV

DOCUMENT # P01000076856	
1. Entity Name DILEMA ENTERPRISES, INC.	

Principal Place of Business 1717 N BAY SHORE DR APT 1949 MIAMI FL 33132	Mailing Address 1717 N BAY SHORE DR APT 1949 MIAMI FL 33132
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
03 OCT 27 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number 65-1128672 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent	
GARCIA, MILTON 1717 N BAY SHORE DR APT 1949 MIAMI FL 33132	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D CABRAL, ROGELIO R 1717 N BAY SHORE DR APT 1949 MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100024178051 10/27/03--01112--022 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLEA, WALTER OMAR 1717 N. BAY SHORE DR., #1949 MIAMI FL 33132 <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
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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  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034 (4/03)

DILEMA ENTERPRISES, INC
1717 N BAY SHORE DR APT 1949
MIAMI FL 33132
PHONE (305) 371-6786

October 23, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

REFERENCE DOCUMENT # P01000076856 EIN # 65-1128672

Dear Sirs:

I am enclosing \$150.00 for the yearly fee of my corporation, I ask you to wave any penalties, since I left to Argentina in June of this year and I did not receive the annual report, it was only when I returned this Month that I received the late report. So please reinstate my company for the \$150.00 fee.

Please contact me if you have any questions. In the meantime I thank you very much for your help.

Sincerely,



ROGELIO CABRAL
DIRECTOR