

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

03-21-2003 90119 002 ***150.00

DOCUMENT # P02000006845

1. Entity Name
DINO MERIGHI, INC.



Principal Place of Business
**4525 POINCIANA #12
LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**4525 POINCIANA #12
LAUDERDALE BY THE SEA FL 33308**

2. Principal Place of Business
4300 SEAGRAPE DR. #6
Suite, Apt. #, etc.

3. Mailing Address
4300 SEAGRAPE DR.
Suite, Apt. #, etc. **#6**

City & State
LAUDERDALE BY THE SEA, FL

City & State
LAUDERDALE BY THE SEA, FL

4. FEI Number
01-0590916

☒ Applied For
☐ Not Applicable

Zip **33308** Country

Zip **33308** Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERIGHI, DINO
4525 POINCIANA #12
LAUDERDALE BY THE SEA FL 33308**

Name
Street Address (P.O. Box Numbers Not Acceptable) **4300 SEAGRAPE DR. #6**
City **LAUDERDALE BY THE SEA FL** Zip Code **33308**

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

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	D	<input type="checkbox"/> Delete
NAME	MERIGHI, DINO	
STREET ADDRESS	4525 POINCIANA #12 4300 SEAGRAPE DR. #6	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME	LAUDERDALE BY THE SEA,	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

Daytime Phone #

CR2E034 (10/02)