

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90085 017 ***150.00

DOCUMENT # P02000109368

1. Entity Name
DIMENSIONAL IMAGES, INCORPORATED



Principal Place of Business
**720 N.E. 25 STREET
POMPANO BEACH FL 33064**

Mailing Address
**720 N.E. 25 STREET
POMPANO BEACH FL 33064**

2. Principal Place of Business

9539 Boca Cove Cir Apt #112

3. Mailing Address

9539 Boca Cove Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt #112

Apt #112

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip

Country

Zip

Country

33428

USA

33428

USA

4. FEI Number

32-0068264

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STOFFEL, CARLOS A JR
720 N.E. 25 STREET
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **Carlos A. Stoffel Jr**
Street Address (P.O. Box Number is Not Acceptable)
9539 Boca Cove Cir, Apt #112
Boca Raton, FL **33248**
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)

3/27/03

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

TITLE **P** ☐ Delete
NAME **STOFFEL, CARLOS A JR**
STREET ADDRESS **720 N.E. 25 STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **P** ☐ Delete
NAME **ARANTES-STOFFEL, MILENA R**
STREET ADDRESS **720 N.E. 25 STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **M Milena Arantes-Stoffel** ☒ Change ☐ Addition
STREET ADDRESS **720 N.E. 25 Street**
CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

(954) 574-8852

Daytime Phone #

CR2E034 (10/02)