

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90263 050 ***150.00

0008235 AT

DOCUMENT # P02000131096

1. Entity Name

DIMAS CAFE, INC.



Principal Place of Business

4645 GUN CLUB ROAD
WEST PALM BEACH FL 33405

Mailing Address

4645 GUN CLUB ROAD
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0656024

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

DIMAS, DIAZ A
2908 JOG ROAD
GREENACRES FL 33467

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

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 P ☒ Delete
NAME DIAZ, DIMAS A
STREET ADDRESS 2908 JOG ROAD
CITY-ST-ZIP GREENACRES FL 33467

TITLE P ☒ Change ☐ Addition
NAME Diaz, Dimas A
STREET ADDRESS 2918 Jog Road
CITY-ST-ZIP Greenacres, FL 33467

TITLE V ☒ Delete
NAME DIAZ, LISSETTE
STREET ADDRESS 2908 JOG ROAD
CITY-ST-ZIP GREENACRES FL 33467

TITLE ☒ Change ☐ Addition
NAME Diaz, Lissette
STREET ADDRESS 2918 Jog Road
CITY-ST-ZIP Greenacres, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

☐ 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 REQUIRED

March 18, 2003 (561) 615-3090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)