

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000125705

1. Entity Name
DICK PROPERTIES, INC.



Principal Place of Business

**14441 SW 83 AVE
MIAMI, FL 33158**

Mailing Address

**14441 SW 83 AVE
MIAMI, FL 33158**

DO NOT WRITE IN THIS SPACE



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2414160

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREIRA, JOSEPH A JR.
10300 SW 72 ST.
470J
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SCHWARTZ, ALAN W
STREET ADDRESS	14441 SW 83 AVE
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	VP/D
NAME	SCHWARTZ, JAMES D
STREET ADDRESS	1106 LULA LAKE RD.
CITY-ST-ZIP	LOOKOUT MOUNTAIN, GA 30750
TITLE	S/D
NAME	SCHWARTZ, LAURIE W
STREET ADDRESS	1106 LULA LAKE RD.
CITY-ST-ZIP	LOOKOUT MOUNTAIN, GA 30750
TITLE	T
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

3-10-05 305-282-1132