

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022088

1. Entity Name

DIM INTERSTATE, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90037 033 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1 Financial Plaza

1 Financial Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2001

#2001

City & State

City & State

DO NOT WRITE IN THIS SPACE

Ft Lauderdale, FL

Ft Lauderdale, FL

4. FEI Number

Applied For

Not Applicable

105-0570779

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33394

USA

33394

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Dane, Jan W.

Street Address (P.O. Box Number is Not Acceptable)

1 Financial Plaza

Suite 2001

City

Ft Lauderdale

FL

Zip Code

33394

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dane, Jan W  
1 Financial Plaza Suite 2001  
Ft Lauderdale, FL 33394

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Belt, AJ III  
1 Financial Plaza Suite 2001  
Ft Lauderdale, FL 33394

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

AJ Belt III

1/20/00 (954) 523-2070

CR2E034 (9/99)