

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90049 020 ***150.00

DOCUMENT # P95000023012

1. Entity Name
DIMARSI, INC.

Principal Place of Business

17 S ATLANTIC BLVD
#R 120
FT LAUDERDALE FL 33316
US

Mailing Address

17 S ATLANTIC BLVD
#R 120
FT LAUDERDALE FL 33316
US

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 65-0573237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ERRICO, SILVIA A
103 ROYAL PARK DR., #2-D
OAKLAND PARK FL 33330

Name
D'ERRICO, SILVIA A.
Street Address (P.O. Box Number is not acceptable)
103 ROYAL PARK DRIVE
CONDO #2-D
City
Oakland Park, FL 33309

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 *Silvia A. D'Errico, Director*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/12/2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	D'ERRICO MARCELLO JR.	
STREET ADDRESS	2439 RALEIGH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ERRICO DINO	
STREET ADDRESS	2439 RALEIGH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERRICO, SILVIA A	
STREET ADDRESS	103 ROYAL PARK DR 2 D	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'ERRICO, MARCEL P.	
STREET ADDRESS	1905 N. ATLANTIC BLVD, #4-A	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'ERRICO, STEFANIA R.	
STREET ADDRESS	1905 N. ATLANTIC BLVD #4-A	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELLO M. D'ERRICO, Jr	
STREET ADDRESS	1905 N. ATLANTIC BLVD, #4-A	
CITY-ST-ZIP	FL LAUDERDALE, FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINO R. D'ERRICO	
STREET ADDRESS	4200 HILLCREST LANE, #510	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Silvia A. D'Errico*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)