

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90669 006 ***150.00

DOCUMENT # **P95000023012**

1. Entity Name

DIMARS INC.,

DO NOT WRITE IN THIS SPACE

B0064733

2. Principal Place of Business

175 ATLANTIC BLVD.,

3. Mailing Address

175 ATLANTIC BLVD.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#R-120

#R-120

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0573237

Applied For

Not Applicable

Zip

33316

Country

U.S.A.

Zip

33316

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SILVIA A. D'ERRICO

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

103 ROYAL PARK DRIVE, #2D,

City

OAKLAND PARK

FL

Zip Code

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P.D.
NAME	STEPANIA R. D'ERRICO
STREET ADDRESS	1905 N. ATLANTIC BLVD #4A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	D.
NAME	MARCEL A. D'ERRICO
STREET ADDRESS	1905 N. ATLANTIC BLVD #4A,
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	D.
NAME	SILVIA A. D'ERRICO
STREET ADDRESS	103 ROYAL PARK DR #2D,
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D.
NAME	MARCELLO M. D'ERRICO
STREET ADDRESS	1905 N. ATLANTIC BLVD #4A,
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	D.
NAME	DINO R. D'ERRICO
STREET ADDRESS	1905 N. ATLANTIC BLVD #4A,
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)