

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90089 036 ***150.00

905815

DOCUMENT # P95000023754

1. Entity Name
DILPACK, INC.

Principal Place of Business 8018 N.W. 29TH STREET MIAMI FL 33122 US	Mailing Address 8018 N.W. 29TH STREET MIAMI FL 33122-1077 US
2. Principal Place of Business 7765 NW 97 AVE	3. Mailing Address 7765 NW 97 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33172	Country DADE
Zip 33172	Country DADE

4. FEI Number **65-0573745** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BUSH, JAMES N ESQ. 8612 STATE ROAD 84 DAVIE FL 33324		7. Name and Address of New Registered Agent Name ROBERT D. COLE Street Address (P.O. Box Number is Not Acceptable) 7771 W. OAKLAND PK BLVD SUITE 147 City SUNRISE FL Zip 33351	
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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 Robert D. Cole (NOTE: Registered Agent signature required when reinstating) DATE 1/18/00

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	DC DILLEWIJN, J.V. TURFSTEKERSTRAAT 23 C AALSMEER, HOLLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFIOEN, J. LICHTERSTRAAT 54 NIEVV VENNER., HOLLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WISCHMEIJER, MAARTEN F TURFSTEKERSTRAAT 23 C 1432 GD AALSMEER, HOLLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLE, ROBERT 7771 WEST OAKLAND PARK BLVD., SUITE 142 SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert D. Cole **REQUIRED** DATE 1/18/00 DAYTIME PHONE # 954-577-7171