

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90102 030 ***150.00

DOCUMENT # P95000040914

1. Entity Name

DIMENSIONS COMMUNICATION AND DESIGN, INC.

Principal Place of Business

~~7522 WILES ROAD~~
~~SUITE # B-106~~
~~CORAL SPRINGS FL 33067~~
~~US~~
DIMENSIONS COMMUNICATION
1225 NW 17th Avenue
#103
Delray Beach, FL 33445

~~7522 WILES ROAD~~
~~SUITE # B-106~~
~~CORAL SPRINGS FL 33067~~

- sorry wrong space



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DIMENSIONS COMMUNICATION
1225 NW 17th Avenue

City & State

#103
Delray Beach, FL 33445

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0581377

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

ROBIN, GAVIN
7522 WILES ROAD
SUITE #B-106
CORAL SPRINGS FL 33067

DIMENSIONS COMMUNICATION
1225 NW 17th Avenue
#103
Delray Beach, FL 33445
(561) 266-0127

Name

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

City

FL

Zip Code

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] Mandy Robin ST

22 Jan 02

Signature must be typed 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, 2002 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 **PVD** ☐ Delete
NAME **ROBIN, GAVIN**
STREET ADDRESS **23411 SERENE MEADOW DRIVE S**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **ST** ☐ Delete
NAME **ROBIN, MANDY**
STREET ADDRESS **23411 SERENE MEADOW DRIVE S**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *[Signature]* Mandy Robin ST

22 Jan 02 (561) 266-0127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)