

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086225

1. Entity Name

DIM Pines Power Center, INC.

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

03-02-2000 90037 035 ***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.

Suite 2001

Suite 2001

City & State

City & State

Ft Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33394

USA

33394

USA

4. FEI Number

65-0632503

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

Name

Jan W. Dane

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

1 Financial Plaza Suite 2001

Ft. Lauderdale,

City

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	D	<input type="checkbox"/> Delete
NAME	Jan W. Dane	
STREET ADDRESS	1 Financial Plaza Suite 2001	
CITY-ST-ZIP	Ft Lauderdale, FL 33394	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	AJ Belt III	
STREET ADDRESS	1 Financial Plaza Suite 2001	
CITY-ST-ZIP	Ft Lauderdale, FL 33394	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	Barry Ross	
STREET ADDRESS	1 Financial Plaza Suite 2001	
CITY-ST-ZIP	Ft Lauderdale, FL 33394	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AJ Belt III 1/20/00 (954) 523-2070

Date

CR2E034 (9/99)