

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022355

1. Entity Name

D. BROTHERS CONSTRUCTION, INC.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90003 024 \*\*\*150.00

Principal Place of Business

5871 N UNIVERSITY DRIVE  
MIDWAY PLAZA, BOX 430  
TAMARAC FL 33321  
US

Mailing Address

1905 NW 49TH AVE  
COCONUT CREEK FL 33063-7754  
US

909127

2. Principal Place of Business

3. Mailing Address

1287 N. University DR

Suite, Apt. #, etc.

Suite Apt. #, etc

#103.

City & State

City & State

CORAL SPRINGS FL

Zip

Country

Zip

Country

33071

US

4. FEI Number

65-0646099

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

DEAN-DIAS, ELIZABETH  
1905 NW 49TH AVE  
COCONUT CREEK FL 33063

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS DEAN-DIAS, ELIZABETH  
CITY-ST-ZIP 1905 NW 49TH AVE  
COCONUT CREEK FL

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

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS DIAS, ALESSANDRA R  
CITY-ST-ZIP 7205 SPORTSMAN DR  
N. LAUDERDALE FL 33068

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DIAS, ENOQUE D  
CITY-ST-ZIP 7205 SPORTSMAN DR  
N. LAUDERDALE FL 33068

TITLE ☒ Change ☐ Addition  
NAME V VICE PRESIDENT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DIAS, ELLIMAR  
CITY-ST-ZIP 1905 NW 49TH AVE  
COCONUT CREEK FL 33063

TITLE ☒ Change ☐ Addition  
NAME DIAS, ELCIMAR.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

954-340-5270

Daytime Phone #

CR2E034 19/99