

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000022355**

1. Entity Name

D. BROTHERS CONSTRUCTION, INC.**FILED****Jan 18, 2001 8:00 am**
Secretary of State

01-18-2001 90013 029 ***150.00

0138101

Principal Place of Business
**5871 N UNIVERSITY DRIVE
MIDWAY PLAZA, BOX 430
TAMARAC FL 33321
US**

Mailing Address
**1287 N UNIVERSITY DR
103
CORAL SPRINGS FL 33071
US**

C0005268

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
1287 N. UNIVERSITY DR.
Suite, Apt. #, etc.
SUITE 102
City & State
CORAL SPRINGS, FLORIDA
Zip
33071
Country
USA

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DEAN-DIAS, ELIZABETH	1905 NW 49TH AVE	COCONUT CREEK FL	
DS	DIAS, ALESSANDRA R	7205 SPORTSMAN DR	N. LAUDERDALE FL 33068	
VP	DIAS, ENOQUE D	7205 SPORTSMAN DR	N. LAUDERDALE FL 33068	
P	DIAS, ELCIMAR	1905 NW 49TH AVE	COCONUT CREEK FL 33063	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELCIMAR DIAS**1/8/2001**

Date

(954) 340-5270

Daytime Phone #

CR2E034 (10/00)