

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90147 014 ***150.00

DOCUMENT # P96000022355

1. Entity Name

D. BROTHERS CONSTRUCTION, INC.



Principal Place of Business

1287 N. UNIVERSITY DR.

SUITE 102

CORAL SPRINGS FL 33071

US

Mailing Address

1287 N UNIVERSITY DR

SUITE 102

CORAL SPRINGS FL 33071

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0646099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEAN-DIAS, ELIZABETH**
STREET ADDRESS **6895 NW 108TH AVENUE**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **DS** ☐ Delete
NAME **DIAS, ALESSANDRA R**
STREET ADDRESS **5024 NW 57TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VP** ☐ Delete
NAME **DIAS, ENOQUE D**
STREET ADDRESS **5024 NW 57TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **P** ☐ Delete
NAME **DIAS, ELCIMAR**
STREET ADDRESS **6895 NW 108TH AVENUE**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

(954) 340-5270

Daytime Phone #

CR2E034 (10/02)