

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062338

1. Entity Name

DISTINCTIVE LIVING MEDIA, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90029 025 ***150.00

Principal Place of Business

6631 NE 21ST AVENUE
FT. LAUDERDALE FL 33308
US

Mailing Address

P.O. BOX 23400
FT. LAUDERDALE FL 33307-3400
US

2. Principal Place of Business

6216 N Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft Lauderdale

City & State

Zip

33308

Country
BR

Country

4. FEI Number

59-3388783

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

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

6216 N Federal Hwy

City

Ft Lauderdale

FL

Zip Code

33308

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

Marc Delisle
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	P	<input type="checkbox"/> Delete
NAME	DELISLE, MARC D	
STREET ADDRESS	6631 NE 21ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELISLE, PAUL R	
STREET ADDRESS	2750 NE 55TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6216 N Federal Hwy	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6216 N. Federal Hwy	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Marc Delisle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

954-351-1001
Daytime Phone #

CR2E034 (9/99)