

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068111

1. Entity Name
3 DIMENSIONAL MANAGEMENT CORPORATION

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90002 020 ***150.00

AV 9999990

Principal Place of Business
10786 S.W. GREY HERON COURT
PORT ST. LUCIE FL 34986

Mailing Address
10786 S.W. GREY HERON COURT
PORT ST. LUCIE FL 34986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1405 LARKWOOD CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1405 LARKWOOD CIRCLE
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL
Zip
34952
Country
USA

City & State
PORT ST. LUCIE, FL
Zip
34952
Country
USA

4. FEI Number
65-0690207
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DEAN
10786 S.W. GREY HERON COURT
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name
3
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

1/6/02

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, 2002 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 | DP | <input type="checkbox"/> Delete |
| NAME | COHEN, DEAN | |
| STREET ADDRESS | 10786 S.W. GREY HERON COURT | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34986 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | MEDVEDEFF, GEORGE | |
| STREET ADDRESS | 116 N.W. BENTLEY CIRCLE | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34986 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MEDVEDEFF, DIANA | |
| STREET ADDRESS | 116 N.W. BENTLEY CIRCLE | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34986 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | Dean S. Cohen | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1405 Larkwood Circle | |
| STREET ADDRESS | Port St. Lucie, FL 34952 | |
| 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 | | |
| 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 REQUIRED DEAN COHEN

Date

Daytime Phone #

1/6/02 561-335-9400

CR2E034 (9/01)