

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90159 023 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P96000068111



1. Entity Name
3 DIMENSIONAL MANAGEMENT CORPORATION

Principal Place of Business
**1405 LAKE WOOD CIRCLE
PORT SAINT LUCIE FL 34952**

Mailing Address
**1405 LAKE WOOD CIRCLE
PORT SAINT LUCIE FL 34952**

2. Principal Place of Business
1405 LARKWOOD CIRCLE

3. Mailing Address
1405 LARKWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL

City & State
PORT ST. LUCIE FL

4. FEI Number **65-0690207**

Applied For
Not Applicable

Zip **34952** Country **USA**

Zip **34952** Country **USA**

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

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

Name

Street Address:



**Dean Cohen
1405 SE Larkwood Cir
Port Saint Lucie FL 34952**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP COHEN, DEAN**
STREET ADDRESS **10786 S.W. GREY HERON COURT**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



**Dean Cohen
1405 SE Larkwood Cir
Port Saint Lucie FL 34952**

☐ Addition

Change

TITLE ☐ Delete
NAME **DV MEDVEDEFF, GEORGE**
STREET ADDRESS **116 N.W. BENTLEY CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **S MEDVEDEFF, DIANA**
STREET ADDRESS **116 N.W. BENTLEY CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/03 **772-335-9400**
772-335-7735

CR2E034 (10/02)