

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075735

1. Entity Name

DIM Embassy, Inc.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90037 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

One Financial Plaza

3. Mailing Address

One Financial Plaza

Suite, Apt. #, etc.

#2001

Suite, Apt. #, etc.

#2001

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33394

Country

USA

Zip

33394

Country

USA

4. FEI Number

65-0689366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jan W. Dane

One Financial Plaza

Suite 2001

Ft. Lauderdale, FL 33394

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.

SIGNATURE

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

(NOTE: Registered Agent's 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

TITLE VP  
NAME Belt, AJ III  
STREET ADDRESS 1 Financial Plaza Suite 2001  
CITY-ST-ZIP Ft. Lauderdale, FL 33394

☐ Delete

TITLE ST  
NAME Ross, Barry  
STREET ADDRESS 1 Financial Plaza Suite 2001  
CITY-ST-ZIP Ft. Lauderdale, FL 33394

☐ Delete

TITLE P  
NAME Dane, Jan W  
STREET ADDRESS 1 Financial Plaza Suite 2001  
CITY-ST-ZIP Ft. Lauderdale, FL 33394

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

AJ Belt III

1/20/00 (954) 523-2070

Date

CR2E034 (9/99)