

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-02-2000 90037 036 ***150.00

DOCUMENT # P96000092349
 1. Entity Name
 DIM Vizcaya, Inc ✓

Principal Place of Business Mailing Address

2. Principal Place of Business
 1 Financial Plaza
 Suite, Apt. #, etc.
 #2001
 City & State
 Ft Lauderdale, FL
 Zip
 33394 Country
 USA

3. Mailing Address
 1 Financial Plaza
 Suite, Apt. #, etc.
 #2001
 City & State
 Ft. Lauderdale, FL
 Zip
 33394 Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0710227 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
 Jan W. Dane
 Street Address (P.O. Box Number is Not Acceptable)
 1 Financial Plaza
 Suite 2001
 City
 Ft Lauderdale FL Zip Code
 33394

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 _____ (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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|---|
| TITLE P NAME Jan W. Dane STREET ADDRESS 1 Financial Plaza Suite 2001 CITY-ST-ZIP Ft Lauderdale, FL 33394 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME AJ Belt III STREET ADDRESS 1 Financial Plaza Suite 2001 CITY-ST-ZIP Ft Lauderdale, FL 33394 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST NAME Barry Ross STREET ADDRESS 1 Financial Plaza Suite 2001 CITY-ST-ZIP Ft Lauderdale, FL 33394 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date: 1/20/00 (954) 523-2070

CR2E034 (9/99)