

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092349

1. Entity Name
DIM Vizcaya, Inc

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

03-02-2000 90037 036 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business
1 Financial Plaza

3. Mailing Address
1 Financial Plaza

Suite, Apt. #, etc.
#2001

Suite, Apt. #, etc.
#2001

City & State
Ft Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33394

Country
USA

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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: AJ Belt III 1/20/00 1954523-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/99)