

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90122 001 ***150.00

DOCUMENT # P96000094367

1. Entity Name

NEW DIMENSIONS INTERNATIONAL, INC.



Principal Place of Business
1388 NW BOCA RATON BLVD
STE 1
BOCA RATON FL 33432

Mailing Address
1388 NW BOCA RATON BLVD
STE 1
BOCA RATON FL 33432

2. Principal Place of Business

1388 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 2

City & State

BOCA RATON FL

Zip

33432

Country

Palm Beach

3. Mailing Address

1388 NW Boca Raton Blvd.

Suite, Apt. #, etc.

Suite 2

City & State

BOCA RATON FL

Zip

33432

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0704322

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPISH, MAY S

1388 NW BOCA RATON BLVD

STE 1

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

KAPISH, MAY S

Street Address (P.O. Box Number is Not Acceptable)

1388 NW BOCA RATON BLVD

STE 2

City

BOCA RATON

FL

Zip Code

33432

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

TITLE **P** ☐ Delete
NAME **HOFFMAN, RUSSEL M JR.**
STREET ADDRESS **838 KOKOMO KEY LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VP** ☐ Delete
NAME **KAPISH, MAY**
STREET ADDRESS **6193 MOHAWK TERRACE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **T** ☐ Delete
NAME **HOFFMAN, RUSS**
STREET ADDRESS **838 KOKOMO KEY LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

5416208680

CR2E034 (10/02)