

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009785

1. Entity Name

DLM IMPORT & EXPORT, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90226 040 ***150.00

Principal Place of Business

Mailing Address

1560 N.W. 128TH DRIVE, SUITE 102
SUNRISE FL 33323

1560 N.W. 128TH DRIVE, SUITE 102
SUNRISE FL 33323-5214

00004261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3210 Overlook Rd.
Suite, Apt. #, etc.

3210 Overlook Rd.
Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0725208

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

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

DICHITO, JIM
1560 N.W. 128TH DRIVE, SUITE 102
SUNRISE FL 33323

Name

Dichito, Jim

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

3210 Overlook Rd.

City

DAVIE, FL

FL

Zip Code

33328

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-00

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	D	<input type="checkbox"/> Delete
NAME	DICHITO, JIM	
STREET ADDRESS	1560 N.W. 128TH DRIVE, SUITE 102	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	P	<input type="checkbox"/> Delete
NAME	DICHITO, ANNA	
STREET ADDRESS	1560 NW 128TH DR #102	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dichito, Jim	
STREET ADDRESS	3210 Overlook Rd	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dichito, ANNA	
STREET ADDRESS	3210 Overlook Rd.	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-00

Daytime Phone #

423-9858

CR2E034 (9/99)