

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90229 004 ***150.00

DOCUMENT # **P97000022005**

1. Entity Name
DILEWIS CO.

Principal Place of Business
260 SW 20 RD. SUITE #6
MIAMI FL 33129

Mailing Address
260 SW 20 RD. SUITE #6
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0734834**

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

7. Name and Address of New Registered Agent

DILEWIS, OCTAVIO
1060 BRICKELL AVENUE
SUITE 314
MIAMI FL 33131

Name **OCTAVIO DILEWIS**

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

260 SW 20 RD., Suite #6

City **MIAMI**

FL

Zip Code **33129**

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 **OCTAVIO DILEWIS**

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

(Not Registered Agent signature required when reinstating)

APRIL 12, 2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Delete**
NAME **DILEWIS, OCTAVIO**
STREET ADDRESS **1060 BRICKELL AVENUE, SUITE 314**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PSTD** ☐ **Change** ☐ **Addition**
NAME **DILEWIS, OCTAVIO**
STREET ADDRESS **260 SW 20 RD., SUITE #6**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: **OCTAVIO DILEWIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2002

Date

Daytime Phone #

305-854-3088

CR2E034 (9/01)