

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031296

1. Entity Name
N/C 6/15/00
Dirocco, Dombrow, Williams, Vinas-Grosse,
LOHIER & WILLIAMS, C.P.A.'S, P.A. + Brown, P.A.

Principal Place of Business Mailing Address
2699 STIRLING RD 2699 STIRLING RD
SUITE B-206 SUITE B-206
FT. LAUDERDALE, FL FT. LAUDERDALE, FL
33312 33312

2. Principal Place of Business 3. Mailing Address
3601 W COMMERCIAL BLV 3601 W COMMERCIAL BLV

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 39 SUITE 39

City & State City & State
FT. LAUDERDALE, FL FT. LAUDERDALE, FL

Zip Country Zip Country
33309 USA 33309 USA

4. FEI Number. Applied For
65-0784068 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

WILLIAMS, IRWIN, CPA
2699 STIRLING RD B-206
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
RAYMOND M. DIROCCO, CPA
Street Address (P.O. Box Number is Not Acceptable)
3601 W COMMERCIAL BLVD
SUITE 39
City
FT. LAUDERDALE FL Zip Code
33309

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 signature required when reinstating)

DATE

6-20-00

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

TITLE P
NAME LOHIER, LUCE ☒ Delete
STREET ADDRESS 40 NE 19 ST
CITY - ST - ZIP MIAMI, FL 33179

TITLE V
NAME WILLIAMS, IRWIN ☐ Delete
STREET ADDRESS 2699 STIRLING RD #B-206
CITY - ST - ZIP FT. LAUD, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 70000332964 P
STREET ADDRESS -07/19/00--01116--006
CITY - ST - ZIP *****550.00 *****550.00

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS WILLIAMS, IRWIN
CITY - ST - ZIP 3601 W COMMERCIAL BLVD #39
FT. LAUD, FL 33309

TITLE ☐ Change ☒ Addition
NAME PRES/DIRECTOR
STREET ADDRESS DIROCCO, RAYMOND
CITY - ST - ZIP 3601 W COMMERCIAL BLVD #39
FT. LAUD, FL 33309

TITLE ☐ Change ☒ Addition
NAME SEC/TREAS/DIR
STREET ADDRESS DOMBROW, ALLAN
CITY - ST - ZIP 3601 W COMMERCIAL BLVD #39
FT LAUD, FL 33309

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS GROSSE, OLGA
CITY - ST - ZIP 3601 W COMMERCIAL BLVD #39
FT LAUD, FL 33309

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS BROWN, LAURENCE
CITY - ST - ZIP 3601 W COMMERCIAL BLVD #39
FT LAUD, FL 33309

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-20-00

KE