

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90161 050 ***150.00

DOCUMENT # P97000036310

1. Entity Name

THE JOSEPH DIXSON COMPANY

Principal Place of Business

69 MERRICK WAY
CORAL GABLES FL 33134

Mailing Address

69 MERRICK WAY
CORAL GABLES FL 33134-5321

2. Principal Place of Business

1250 S.W. 27th AVE

Suite, Apt. #, etc.

Suite 401

City & State

Miami FL

Zip

33135

Country

USA

3. Mailing Address

1250 S.W. 27th AVE

Suite, Apt. #, etc.

Suite 401

City & State

Miami FL

Zip

33135

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0750956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTISTI, CHARLES W
1570 MADRUGA AVE STE 209
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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: PSD
NAME: DIXSON, JOSEPH I
STREET ADDRESS: 69 MERRICK WAY
CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete

TITLE: VP
NAME: DIXSON, ROBERT J
STREET ADDRESS: 69 MERRICK WAY
CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete

TITLE: ST
NAME: DIXSON, JULIE I
STREET ADDRESS: 69 MERRICK WAY
CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1250 S.W. 27th AVE STE 401
CITY-ST-ZIP: Miami FL 33135

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1250 S.W. 27th AVE STE 401
CITY-ST-ZIP: Miami FL 33135

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1250 S.W. 27th AVE STE 401
CITY-ST-ZIP: Miami FL 33135

TITLE: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition

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 #

305-
5411030
FAX
041-1