

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038439

1. Entity Name

DIMELO CANTANDO, CORP

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90118 043 ***150.00

Principal Place of Business

Mailing Address

1000 PONCE DELEON
~~2018~~
CORAL GABLES FL 33134
US

1000 PONCE DELEON
~~2018~~
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

319

319

City & State

City & State

4. FEI Number

65-0749858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VARA, VIRGILIO
5055 COLLINS AVENUE
APT 5J
MIAMI BEACH FL 33140

Name

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

1541 BRICKELL AVE APT 2804

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME VARA, VIRGILIO
STREET ADDRESS 5055 COLLINS AVE, APT 5J
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DVP ☒ Change ☐ Addition
NAME 1541 BRICKELL AVE APT 2804
STREET ADDRESS MIAMI, FL 33129
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Change ☒ Addition
NAME STEVEN G. GEVAS
STREET ADDRESS 300 S. POINTE DR #403
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGILIO VARA

2/21/00

Date

305 774-0091

Daytime Phone #

CR2E034 (9/99)