## 2002 UNIFORM BUSINESS REPORT (UBR)

<del></del>	UNIFORM BUSI		RT	(UBR	3)	Ag	or 15,	TILE1 2002	8:00	am	0291718
DOCUMENT # P9700076624  1. Entity Name DIMA TRADING CORPORATION						Secretary of State 04-15-2002 90067 025 ***150.00					
Principal Place 7990 SW 117 / SUITE #115 MIAM/ FL 3318	AVE	Mailing Address 7990 SW 117 AVE SUITE #115 MIAMI FL 33183									
2. Principal Pl	ace of Business	3. Mailing Address		··	-	i labilasi	(\$0 (B)(\$ (\$0)) BO()	i <b>se</b> ilt <b>e</b> ath <b>se</b> ilt i	anin asus anus t	IRM PIRI IRĞI	
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT W	RITE IN THIS	SPACE		
City & State City & State				·····	4	. FEI Number	65-07792	236	_ <del> </del>	plied For Applicable	]
Zip	Country	Zip	Coun	try	5	. Certificate o	f Status Desire		\$8.75 Add	itional	1
	6. Name and Address of Current R	egistered Agent	<u> </u>		7.	Name and A	Address of Ne	w Registered			1
				Name	ANDR		•	7			1
DIU, ANDR 13362 SW	_						is Not Accept	able)			
MIAMI FL	33175			1433	19 5	$\omega$	1 TERR	ACE		<u> </u>	
	Mag.			City .	iAMi	•	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	84	
8. The above	named entity submits this statement for	the purpose of changing its	register			agent, or both	, in the State o	f Florida.			
				11	$\overline{\mathcal{L}}$	ן ס		,,	1-6		1
SIGNATURE _	ANDRES DIU Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Hegistere	d Agent signa	ira required whe	n reinstating)		DATE	<u> </u>	2	
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.0	00	10 Flac	tion Campaigr	Einencing.	\$5.00	0 May Be	1
Tax filing r	equirement and elects to do so.	After May 1, 20 Make Check Payal				1	t Fund Contrib			to Fees	
·	OFFICERS AND D		12.	-partinen		ADDITIONS/C	HANGES TO	OFFICERS ANI	DIRECTORS	S IN 11	1
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STREET ADDRESS   CITY-ST-ZIP			11	ET ADDRESS '-ST-ZIP							
	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify fo	Ш _		ted in Section	on 119.07(3)(i)	), Florida Statu	tes. I further ce	rtify that the ir	nformation	1
of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this repor	t as redu	ture shall h ired by Cha	ave the san apter 607, F	ne legal effect lorida Statutes	as if made un a; and that my	der oath; that I name appears	am an officer in Block 11 or	or airector Block 12 if	VA