

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076955

1. Entity Name

DIMENSION HOMES, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90007 013 \*\*\*550.00

Principal Place of Business

12351 SW 75 ST  
 MIAMI FL 33183

Mailing Address

12351 SW 75 ST  
 MIAMI FL 33183-3600

2. Principal Place of Business

7270 NW 12 Street

Suite, Apt. #, etc.  
 Suite 410

City & State  
 Miami, FL

Zip  
 33126

Country

3. Mailing Address

7270 NW 12 Street

Suite, Apt. #, etc.  
 Suite 410

City & State  
 Miami, FL

Zip  
 33126

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0779567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, THOMAS  
 12351 SW 75 ST  
 MIAMI FL 33183

7. Name and Address of New Registered Agent

Name  
 Keyla Alba Reilly

Street Address (P.O. Box Number is Not Acceptable)  
 7270 NW 12 Street

Suite 410

City  
 Miami

FL

Zip Code  
 33126

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	P	<input type="checkbox"/> Delete
NAME	IGLESIAS, THOMAS	
STREET ADDRESS	12351 SW 75TH ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IGLESIAS, HAYDEE B	
STREET ADDRESS	12351 SW 75TH ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Iglesias	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis P. Rabell	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emiliano de la Fuente	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyla Alba Reilly	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

3055998100

Daytime Phone #

CR2E034 (9/99)