## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with an other like empowered

## FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P97000081211 1. Entity Name DOLPHIN TRAFFIC SCHOOL, INC. 05-16-2000 90565 046 \*\*\*150.00 Principal Place of Business Mailing Address 4621 SW 26 TERRACE 4621 SW 26 TERRACE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312-5764 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0783900 Not Applicable \$8.75 Additional Ζίρ Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent > 6. Name and Address of Current Registered Agent Name ľ DIMIDIO, CHARLES Street Address (P.O. Box Number is Not Acceptable) 4621 SW 26 TERR SUITE 450 FT LAUDERDALE FL 33312 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE DIMIDIO, CHARLES E NAME NAME STREET ADDRESS STREET ADDRESS **4621 SW 26 TERRACE** FORT LAUDERDALE FL 33312 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME Lating Comments STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in Block 12

PARles E Dim. DID 4/16/2000