

2000 UNIFORM BUSINESS REPORT (UBR)

Amending 2000

DOCUMENT # P97000081211

1. Entity Name
Dolphin TRAFFIC School Inc

FILED
SECRETARY OF STATE
CORPORATIONS

00 DEC 11 PM 5:50

Principal Place of Business Mailing Address
4739 ORANGE DR. 4621 SW 26
DAVIE FL. 33314 TERRACE
Ft. Lauderdale
FL 33312

2. Principal Place of Business 3. Mailing Address
4739 ORANGE DR. 4621 SW 26 TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
DAVIE FL. FT. LAUDERDALE FL
Zip Country Zip Country
33314 BROWARD 33312 BROWARD

4. FEI Number Applied For
650783900 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Charles Dimidio
4621 SW 26 Terrace
Ft Lauderdale FL 33312

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 *Charles Dimidio*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/07/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME ☐ Delete
D Charles Dimidio
STREET ADDRESS 4621 SW 26 TERRACE
CITY-ST-ZIP FT. LAUDERDALE

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
Vice President
NAME Patricia Gordon
STREET ADDRESS 4621 S.W. 26 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500003505865--3
-12/19/00--01062--024
*****61.25 *****61.25

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

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

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

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

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: *Charles Dimidio* Charles Dimidio 11/09/00 (954) 661-4621

CR2E034 (5/00)