

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039668

1. Entity Name

DCH, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90028 001 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

KEVIN P. CROSBY, ESQUIRE  
ONE EAST BROWARD BOULEVARD, SUITE 1609  
FORT LAUDERDALE FL 33301

KEVIN P. CROSBY, ESQUIRE  
ONE EAST BROWARD BOULEVARD, SUITE 1609  
FORT LAUDERDALE FL 33301-1872

2. Principal Place of Business

1936 S. ANDREWS AVENUE

3. Mailing Address

1936 S. ANDREWS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

4. FEI Number

65-0832434

Applied For

Not Applicable

Zip

33316

Country

U.S.A.

Zip

33316

Country

U.S.A.

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

CROSBY, KEVIN P ESQ  
MALIN, HALEY, DIMAGGIO & CROSBY, P.A.  
ONE EAST BROWARD BOULEVARD, SUITE 1609  
FORT LAUDERDALE FL 33301

Name Dale Paul DiMaggio, Esq.

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

1936 S. ANDREWS AVENUE

City

FT. LAUDERDALE

FL

Zip Code

33316

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.

Dale Paul DiMaggio

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 STD ☒ Delete  
NAME CROSBY, KEVIN P ESQ  
STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1609  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE PD ☒ Change ☐ Addition  
NAME DiMAGGIO, Dale P., Esq.  
STREET ADDRESS 1936 S. ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33316

TITLE VD ☐ Delete  
NAME DIMAGGIO, DALE P ESQ  
STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1609  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VTD ☒ Change ☐ Addition  
NAME HALEY, Barry L., Esq.  
STREET ADDRESS 1936 S. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33316

TITLE DP ☐ Delete  
NAME HALEY, BARRY L ESQ  
STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1609  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 empowerments.

SIGNATURE: Dale Paul DiMaggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)