

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000057968****1. Entity Name**
DICE IMPORT INC.**Principal Place of Business**4701 N. FEDERAL HWY
SUITE 470
LIGHTHOUSE POINT
33064

FL

Mailing Address4701 N. FEDERAL HWY
SUITE 470
LIGHTHOUSE POINT
33064

FL

2. Principal Place of Business

4701 N. FEDERAL HWY

3. Mailing Address

4701 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 485

Suite, Apt. #, etc.

SUITE 485

City & State

LIGHTHOUSE POINT

FL

City & State

LIGHTHOUSE POINT

FL

Zip
33064**Country****Zip**
33064**Country****4. FEI Number****65-0847224****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHANSEN WILLY
1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH
33069

FL

7. Name and Address of New Registered Agent**Name**

HANSEN WILLY

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

4701 N. FEDERAL HWY.

Suite

SUITE 485

City

LIGHTHOUSE POINT

FL**Zip Code**
33064**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 WILLY HANSEN**

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

(NOTE: Registered Agent signature required when reinstating)

08/27/2000

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** SM ☐ Delete
NAME HANSON WILLY
STREET ADDRESS 4701 N. FEDERAL HWY SUITE 470
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064**TITLE** V ☐ Delete
NAME STOKKE BJORN
STREET ADDRESS 4701 N. FEDERAL HWY SUITE 470
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064**TITLE** P ☐ Delete
NAME EINER LAMOY
STREET ADDRESS 4701 N. FEDERAL HWY SUITE 470
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** SM ☒ Change ☐ Addition
NAME HANSEON WILLY
STREET ADDRESS 4701 N. FEDERAL HWY SUITE 470
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** P ☒ Change ☐ Addition
NAME LAMOY EINAR
STREET ADDRESS 4701 N. FEDERAL HWY SUITE 470
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 empowered.****SIGNATURE:** Einar Lamoey

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08/27/2000