

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90031 044 ***150.00

044019

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9800000871172

1. Entity Name
DI LIDO ENTERPRISES, INC.

Principal Place of Business Mailing Address
16 W. DILIDO DR. **16 W. DILIDO DR.**
MIAMI BEACH, FL **MIAMI BEACH, FL**
33139 **33139**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0868482

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS J. HESS, ESQ.
501 BRICKELL KEY DRIVE #407
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
DANA M. KAUFMAN, CPA JA

Street Address (P.O. Box Number is Not Acceptable)
4700 SHERIDAN STREET

BUILDING N

City State Zip Code
HOLLYWOOD **FL** **33021**

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 _____ DATE **4/8/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	KEVIN SANTOS BUSCH	
STREET ADDRESS	16 W. DILIDO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SECRETARY, PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	GERALDO A. VAZQUEZ	
STREET ADDRESS	16 W. DILIDO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	President	<input type="checkbox"/> Delete
NAME	Olivier Caudron	
STREET ADDRESS	16 W. Dilido Dr	
CITY-ST-ZIP	Miami Beach FL 33139	
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		<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		
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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 provided on this 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 registered agent 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 to this report, with all other like empowered.

SIGNATURE: **X** _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Please SIGN HERE

CR2E034 (9/99)