## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000101959 Mar 02, 2000 8:00 am Secretary of State DIROMA ENTERPRISES, INC. 03-02-2000 90080 030 \*\*\*150.00 Principal Place of Business Mailing Address 16407 NE 67TH AVE 16407 NE 67TH AVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-6045 TYREYOU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0881635 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Erríco D'ERRICO, DINO Hillcrest 2439 RALEIGH STREET HOLLYWOOD FL 33020 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After M/Y 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI E Change ☐ Addition TITLE ☐ Delete D'ERRICO, DINO NAME NAME STREET ADDRESS 2439 RALEIGH STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE D'ERRICO, MARCEL P NAME 1905 N ATLANTIC BLVD #4A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP Change ☐ Addition Delete - -D'ERRICO, STEFANIA R NAME STREET ADDRESS STREET ADDRESS 1905 N ATLANTIC BLVD #4A CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other the encowered.