2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am Secretary of State D@@UMENT # P98000101959 1. Entity Name DIROMA ENTERPRISES, INC. 01-29-2001 90006 046 ***150.00 Principal'Place of Business Mailing Address 16407 NE 67TH AVE 16407 NE 67TH AVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0881635 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name D'ERRICO, DINO Street Address (P.O. Box Number is Not Acceptable) **4800 HILLCREST LANE** #510 HOLLYWOOD FL 33021 Zip Code FL e purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE gnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. SIERRICO DINO R. 1905 N. ATLANTIC BLUSH4A Addition TITLE TITLE ☐ Delete D'ERRICO, DINO NAME 2439 RALEIGH STREET STREET ADDRESS STREET ADDRESS FORT LAUDELDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME D'ERRICO, MARCEL P NAME STREET ADDRESS 1905 N ATLANTIC BLVD #4A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 TITLE ☐ Change Addition TITLE ☐ Delete NAME D'ERRICO, STEFANIA R NAME STREET ADDRESS 1905 N ATLANTIC BLVD #4A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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-effect into a process.

FILED