## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P98000107196 May 30, 2000 8:00 am Secretary of State STEVEN DIONNE ENTERPRISES INCORPORATED 05-30-2000 90040 017 \*\*\*150.00 Principal Place of Business Mailing Address 1125 NW 151ST ST. 1125 NW 151ST ST. MIAMI FL 33169 MIAMI FL 33169-6109 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0900661 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONROE, VANESSA D Street Address (P.O. Box Number is Not Acceptable) 1125 NW 151ST ST. **MIAMI FL 33169** Zip Code FL 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 Signature, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE Delete TITLE MONROE, VANNESSA D NAME NAME STREET ADDRESS STREET ADDRESS 1125 NW 151 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Change ☐ Addition □ Delete TITLE NAME MONROE, VERNON NAME STREET ADDRESS 1125 NW 151 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Addition ☐ Delete TITLE Change TITLE NAME MONROE, VIANCA D NAME STREET ADDRESS STREET ADDRESS 1125 NW 151 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Delete ☐ Change ☐ Addition TITLE TITLE MONROE, VERES NAME NAME STREET ADDRESS STREET ADDRESS 1125 NW 151 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Change Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR