

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90021 043 ***150.00

DOCUMENT # P99000002633**1. Entity Name**
D.I.T., INC.**Principal Place of Business****Mailing Address****4491 S. STATE ROAD 7**
SUITE 100
FT. LAUDERDALE FL 33314**4491 S. STATE ROAD 7**
SUITE 100
FT. LAUDERDALE FL 33314**2. Principal Place of Business****3. Mailing Address****3590 NW 54th Street****3590 N.W. 54th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3**Suite #3**

City & State

City & State

Ft. Lauderdale FL**Ft. Lauderdale, FL**

Zip

Zip

Country

Country

33309**33309****USA****USA****6. Name and Address of Current Registered Agent****4. FEI Number 65-0886228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

MERKIN, STEWART A
444 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131**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

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, EMANUEL	
STREET ADDRESS	4491 S. STATE ROAD 7	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Emanuel	
STREET ADDRESS	3590 N.W. 54th St. suite 3	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
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		
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		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 954-321-1600

CR2E034 (10/00)