

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/11

May 24, 2000 8:00 am  
Secretary of State

05-01-2000 90058 019 \*\*\*150.00

**DOCUMENT # P99000012036**

1. Entity Name

**HARRY DIXON, INC.**

Principal Place of Business

Mailing Address

15400 SW 177 AV.  
MIAMI FL 33187

15400 SW 177 AV.  
MIAMI FL 33187-1214

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

65-0532767

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, HARRY  
15400 SW 177 AV.  
MIAMI FL 33187

Name

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

City

FL

Zip Code

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 type 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRES.  
NAME: HARRY DIXON  
STREET ADDRESS: 15400 SW 177 AV  
CITY-ST-ZIP: MIAMI, FL 33187  Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Delete

TITLE:   
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STREET ADDRESS:   
CITY-ST-ZIP:  Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

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NAME:   
STREET ADDRESS:   
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STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *HARRY DIXON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

(305) 2522304

Daytime Phone #

CR25004 (9/99)