

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**  
 06-06-2000 90011 046 \*\*\*150.00

DOCUMENT # **P99000034092**

1. Entity Name  
**Liquid Dimensions International, Inc.**

Principal Place of Business Mailing Address  
**1521 NW 178th Terrace**  
**Pembroke Pines, FL 33029**

2. Principal Place of Business 3. Mailing Address  
**1521 NW 178th Terrace**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Pembroke Pines, FL** **Florida, Pembroke Pines**  
 Zip Country Zip Country  
**33029** **USA** **33029** **USA**

4. FEI Number Applied For  
**65-0926305** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Michael B. Giattino**  
**1521 NW 178th Terrace**  
**Pembroke Pines, FL 33029**

7. Name and Address of New Registered Agent  
 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]** DATE **5/15/00**  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>President</b>		NAME		
STREET ADDRESS	<b>Michael B. Giattino</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1521 NW 178th Terrace</b>		CITY-ST-ZIP		
	<b>Pembroke Pines, FL 33029</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Vice President</b>		NAME		
STREET ADDRESS	<b>Richard De Cicco</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>3379 Jason Court</b>		CITY-ST-ZIP		
	<b>Belmore, NY 11710</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Treasurer</b>		NAME		
STREET ADDRESS	<b>Karen L. Giattino</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1521 NW 178th Terrace</b>		CITY-ST-ZIP		
	<b>Pembroke Pines, FL 33029</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]** DATE **5/15/00** DAYTIME PHONE # **(954) 441-3570**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)