

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 990000 41894

1. Entity Name
DITEA UNLIMITED INC.

Principal Place of Business Mailing Address
1221 BRICKELL AVE. 9 FLOOR
MIAMI FL. 33131

2. Principal Place of Business **THE SAME** 3. Mailing Address **THE SAME**

Suite, Apt. #, etc.

City & State **MIAMI FLORIDA** City & State **THE SAME**

Zip **33131** Country **DADE** Zip Country

4. FEI Number **65-0918 269** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **REGINA KIPNIS**
Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVE 9TH FLOOR
City **MIAMI, FLA** FL Zip Code **33131**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **04/28/00**

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<input checked="" type="checkbox"/> Delete	TERESA SABATELA	<input checked="" type="checkbox"/> Delete	TITLE	REGINA KIPNIS - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1221 BRICKELL AVE. 9 FL.		NAME	1221 BRICKELL AVE 9 FL.	
ST-ZIP	MIAMI FL. 33131		STREET ADDRESS	MIAMI FL 33131	
			CITY-ST-ZIP		
<input checked="" type="checkbox"/> Delete	MIGUEL SABATELA	<input checked="" type="checkbox"/> Delete	TITLE	ELOISA ABREU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1221 BRICKELL AVE. 9 FL		NAME	1221 BRICKELL AVE 9 FL.	
ST-ZIP	MIAMI FLORIDA 33131		STREET ADDRESS	MIAMI FL. 33131	
			CITY-ST-ZIP		
<input checked="" type="checkbox"/> Delete	DINA GUTIERREZ	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1221 BRICKELL AVE. 9 FL.		NAME		
ST-ZIP	MIAMI FLORIDA 33131		STREET ADDRESS		
			CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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******115.00 ****115.00**

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-05/24/00--01003--025
*******35.00 *****35.00**

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: **Eloisa Abreu** 04/28/00. 305)322-67
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #