

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JAN 23 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058098

1. Entity Name
DOMINIUM CORPORATION INC.
4300 N. OCEAN BLVD. UNIT 2M
FT. LAUDERDALE FL 33308 (660)

Principal Place of Business
4300 N. OCEAN BLVD.
Unit 2M
FT. LAUDERDALE FL 33308

Mailing Address
SAME

2. Principal Place of Business
1767 NE 16th ST., FT. LAUDERDALE

3. Mailing Address
1767 NE 16th ST.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33304

Country
USA

Zip
33304

Country
USA

4. FEI Number
65-0933062

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
James R. Holstrom
1767 NE 16th ST
FT. LAUDERDALE, FL
33304

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  DATE 1-21-01

(NOTE: Registered Agent signature required when reinstating)

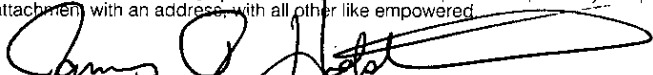
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES R. HOLSTROM 1767 NE 16 th ST. FT. LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT EUGENIE MORICONI 4300 N. OCEAN BLVD, UNIT 9L FT. LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003632015-3 -02/05/01-01008-013 ****308.75 ****308.75
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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:  DATE 1-21-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)