

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074944

1. Entity Name
DILLON INVESTMENTS INC.

Principal Place of Business
**520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131-2610**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent
**FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131**

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 _____ (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. ☐ **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	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLAO, JOHN		NAME	Colao, John	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305		STREET ADDRESS	520 Brickell Key Drive, Suite 0-305	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Stephen A. Freeman	
STREET ADDRESS			STREET ADDRESS	520 Brickell Key Dr., suite o-305	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33131	
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 an officer like empowered.

SIGNATURE: **Stephen A. Freeman** 4/28/2000 (305) 374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90151 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)