

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90001 036 ***150.00

DOCUMENT # P99000092475

1. Entity Name
DIDEMAS, INC.

Principal Place of Business

120 E. CONCORD ST.
ORLANDO FL 32801

Mailing Address

120 E. CONCORD ST.
ORLANDO FL 32801

2. Principal Place of Business

2627 Maitland Crossing Way Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8-205

City & State

City & State

4. FEI Number

59-3673719

Applied For

Not Applicable

Zip

32810

Country

Orange

Zip

Country

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

6. Name and Address of Current Registered Agent

MOORE, J. CARTER
120 E. CONCORD ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Monica Molano

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

2627 Maitland Crossing Way

Apt. 8-205

City

Orlando

FL

Zip Code

32810

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

Monica A. Molano - Director

January 15, 2002

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLANO, JOSE J	
STREET ADDRESS	120 E. CONCORD ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLANO, MONICA A	
STREET ADDRESS	120 E. CONCORD ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molano, Jose J.	
STREET ADDRESS	2627 Maitland Crossing Way 8-205	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molano, Monica A.	
STREET ADDRESS	2627 Maitland Crossing Way, 8-205	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Monica A. Molano - Director

Date

Daytime Phone #

CR2E034 (9/01)