2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # p99000092648 May 09, 2000 8:00 am 1. Entity Name DIMEOLA & COMPANY, INC. Secretary of State 05-09-2000 90016 045 \*\*\*150.00 Principal Place of Business Mailing Address 17789 LITTEN DRIVE 17789 LITTEN DRIVE BOCA RATON, FL 33498 BOCA RATON, FL 33498 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0960736 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLODIG, GREGORY J. ESQ. GREENSPOON, MARDER, HIRSCHFELD ET AL Street Address (P.O. Box Number is Not Acceptable) 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **K** Addition TITLE ☐ Delete TITI F D/P/S/T NAME NAME DIMEOLA, RICHARD DIMEOLA, RICHARD 17789 LÍTTEN DRIVE STREET ADDRESS STREET ADDRESS 17789 LITTEN DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33498 BOCA RATON, FL 33498 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE \_ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 pusted 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 addiess, with all other is employered.

OR DIRECTOR RICHARD DIMEOLA

Daytime Phone &

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE