

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107451

1. Entity Name
DIKO INTERNATIONAL SUPPLIERS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90024 032 ***150.00

Principal Place of Business
**862 SLALOM WAY
SANTA ROSA BEACH FL 32459**

Mailing Address
**862 SLALOM WAY
SANTA ROSA BEACH FL 32459**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5161 Hwy 98 W.

Suite, Apt. #, etc.

3. Mailing Address
5161 Hwy 98 W.

Suite, Apt. #, etc.

City & State
Santa Rosa Beach, FL

City & State

4. FEI Number
59-3616886

Applied For
Not Applicable

Zip
32459

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, JOSE M
782 N.W. LEJEUNE RD., SUITE 548
MIAMI FL 33126**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HERNANDEZ, JAIME
862 SLALOM WAY
SANTA ROSA BEACH FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-6-2000 (850) 267-2983
Date Daytime Phone #

CR2E034 (9/99)