

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61751

1. Entity Name

DINO INVESTMENT CORP.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90050 045 ***150.00

Principal Place of Business

Mailing Address

2025 BRICKELL AVE
SUITE 302
MIAMI FL 33129
US

2025 BRICKELL AVE
SUITE 302
MIAMI FL 33143-6355
US

2. Principal Place of Business

145 ORQUIDEA

3. Mailing Address

145 ORQUIDEA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES - FL

City & State

CORAL GABLES - FL

Zip

33143

Country

US

Zip

33143

Country

US

4. FEI Number

65-0309334

Applied For

Not Applicable

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

ROMAN, NORBERTO
2025 BRICKELL AVE
SUITE 302
MIAMI FL 33129

Name

ROMAN, NORBERTO

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

145 ORQUIDEA

City

CORAL GABLES

FL

Zip Code

33143

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)

DATE

4-7-2000

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 PD ☐ Delete
NAME ROMAN, NORBERTO
STREET ADDRESS 2025 BRICKELL AVE., STE. 320
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ Change ☐ Addition
NAME ROMAN, NORBERTO
STREET ADDRESS 145 ORQUIDEA
CITY-ST-ZIP CORAL GABLES - FL - 33143

TITLE SVD ☐ Delete
NAME STEIN, JORGE E.
STREET ADDRESS 2025 BRICKELL AVE., STE. 302
CITY-ST-ZIP MIAMI FL

TITLE SVD ☒ Change ☐ Addition
NAME STEIN, JORGE E.
STREET ADDRESS 6800 VERONESS ST.
CITY-ST-ZIP CORAL GABLES - FL - 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-2000

(305) 666-8119

CR2E034 (9/99)