

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/ **FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90053 023 \*\*\*158.75

**DOCUMENT # P01000013474**

1. Entity Name  
**DIVERSIFIED INVESTMENT ADMINISTRATION, INC.**

Principal Place of Business 100 S.E. 2ND STREET SUITE 2220 MIAMI FL 33131	Mailing Address 100 S.E. 2ND STREET SUITE 2220 MIAMI FL 33131
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12074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 S.E. 2ND ST, SUITE 2050 MIAMI FL 33131	3. Mailing Address 100 S.E. 2ND ST SUITE 2050 MIAMI FL 33131
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4. FEI Number <del>33</del> 65-1100125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIAL, BARBARA 100 S.E. 2ND STREET SUITE 2220 MIAMI FL 33131	7. Name and Address of New Registered Agent Name: BARBARA RIAL Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2ND ST, SUITE 2050 City: MIAMI FL Zip Code: 33131
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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: *Barbara Rial* BARBARA RIAL 1/15/02  
Signature typed or printed name of registered agent and file if applicable (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RIAL, ROBERT 202 CAOBA COURT CORAL GABLES FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RIAL, BARBARA 202 CAOBA COURT CORAL GABLES FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara Rial* BARBARA RIAL 1/15/02 305-374-4222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)