

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

100 S.E. 2ND ST, SUITE 2050

Suite, Apt. #, etc.

MIAMI

City & State

FL

Zip

33131

Country

USA

3. Mailing Address

100 S.E. 2ND ST

Suite, Apt. #, etc.

SUITE 2050

City & State

MIAMI

Zip

FL

Country

33131

4. FEI Number

65-1100125

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

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 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.
(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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIAL, ROBERT
202 CAOBA COURT
CORAL GABLES FL 33143
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIAL, BARBARA
202 CAOBA COURT
CORAL GABLES FL 33143
☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 #

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

01-31-2002 90053 023 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)