2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2000 8:00 am DOCUMENT # **P98000054662 Secretary of State** 1. Entity Name DIACOR INTERNATIONAL, INC. 02-08-2000 90034 023 ***150.00 Mailing Address Principal Place of Business 160-E- FLAGLER-ST.: STE: 1042 169 E. FLAGLER ST., STE. 1042 36 N.E. IST#747 MIAMI: FL 33131-1207 AUU17478 MIAMI EL 33131 MIAMI FL 33137 3. Mailing Address Suite: Apt. #. etc. __Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0844118 Not ∸; ; .ii. Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBIN, ALAN Box Number is Not Acceptable) 169 E. FLACLER ST.: STE: 1942 MIAMI-FL-33131-City e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement 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 -FILE NOW!!! FEE IS \$150.00.... 10. Election Campaign Financing \$5.00 May 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 11. OFFICERS AND DIRECTORS PRESIDENT Change TITLE ☐ Delete RUBIN, ALAN NAME NAME STREET ADDRESS STREET ADDRESS 4000 TOWERSIDE TERR. #1110 CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33138** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE 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 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 of the corporation or the receiver or trustee empowered to execute in is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block. changed, or on an attachment with an address, with all other SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR