

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097959

1. Entity Name

DIAJOHN, CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90066 021 ***150.00

Principal Place of Business

Mailing Address

4921 SW 40TH ST
46-47-48
MIAMI FL 33155

7376 SW 113 CIR PLACE
MIAMI FL 33173-2610

2. Principal Place of Business

3. Mailing Address

7921 SW 40TH St.

Suite, Apt. #, etc.

47-48

City & State
Miami, FL

Zip
33155

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0876780

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

DELGADO, MARDEL Y
7376 SW 113 CIR PLACE
MIAMI FL 33173-2610

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

Signature, typed or printed name of registered agent and title 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, 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 FERNANDEZ, NILMA
STREET ADDRESS AVE PRINCIPAL D SANTA INES QTA ENAS
CITY-ST-ZIP CARACAS 1080- VENEZULA

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

TITLE D ☐ Delete
NAME MENDOZA, RAFAEL
STREET ADDRESS PROLOG AVE PRINCIPAL DE STA INES
CITY-ST-ZIP CARACAS-VENEZULA

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

TITLE D ☒ Delete
NAME ESTEVEZ, HECTOR
STREET ADDRESS CONJ RES TAMANACO ED PENA BLANCA
CITY-ST-ZIP PISO 13 APT 132 CARACAS VZLA

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

TITLE D ☐ Delete
NAME DELGADO, MARDELY
STREET ADDRESS 7376 SW 113 CIR PLACE
CITY-ST-ZIP MIAMI FL 33173-2610

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

TITLE TD ☐ Delete
NAME GONZALEZ, GUSTAVO
STREET ADDRESS AVE PRINCIPAL DE SANTA INES, QTA. ENAS
CITY-ST-ZIP CARCAS 1080-VENEZULA

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)