

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002098

1. Entity Name

DIVA ACQUISITION CORP

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90085 033 ***558.75

Principal Place of Business

Mailing Address

52-16 BARNETT AVE
LONG ISLAND CITY NJ 11104

52-16 BARNETT AVE
LONG ISLAND CITY NJ 11104-1018

2. Principal Place of Business

52-16 BARNETT AVE

3. Mailing Address

52-16 BARNETT AVE

Suite, Apt. #, etc.

Att: BEVERLY CHOTOO

Suite, Apt. #, etc.

Att: BEVERLY CHOTOO

City & State

LONG ISLAND CITY, NY

City & State

LONG ISLAND CITY, NY

Zip

11104

Country

Zip

11104

Country

4. FEI Number

11-3313622

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	MADDEN, STEVEN	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY NJ 11104	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DHARIA, ARVIND	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY NJ 11104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RHONDA	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY NJ 11104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASILE, JOHN	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY NJ 11104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, LES	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY NJ 11104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIGIORANI, PETER	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY NJ 11104	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, STEVEN	
STREET ADDRESS	52-16 BARNETT AVE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DHARIA, ARVIND	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RHONDA J	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILE, JOHN	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LES	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGLIORINI, PETER	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	

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

5/12/2000

Date

718-308-2292

Daytime Phone #

CR2E034 (9/99)