

2001 UNIFORM BUSINESS REPORT (UBR)

0006319 AF

DOCUMENT # **A19132**

1. Entity Name

DIGA LTD.

Principal Place of Business

**5000 N. OCEAN BLVD.
APT. 1602
FT. LAUDERDALE FL 33308**

Mailing Address

**5000 N. OCEAN BLVD.
APT. 1602
FT. LAUDERDALE FL 33308**

FILED

01 APR 30 PM 12:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2576595

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

**SILIUNAS, VIDA
4900 NORTH OCEAN BLVD
APT. 712
FT. LAUDERDALE FL 33062**

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. Capital Contributions
as Shown on record.

\$2,033,434.90

10. Amount of Capital Contributions
in FLORIDA to date.

990,032 ⁷²/_{xx}

11. MAKE CHECK PAYABLE TO DEPT. OF STATE;
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIDZIULIS, JADVIGA
5000 N. OCEAN BLVD. #1602
FT. LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

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05/15/01-01120-024

******\$35.00 ****\$35.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 320, Florida Statutes

SIGNATURE:

J. Didziulis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRESIDENT

4/25/01

Date

Daytime Phone #

(954) 491-4494

CR2E003 (11/00)