

2002 UNIFORM BUSINESS REPORT (UBR)

0002574 AV

DOCUMENT # A19132

1. Entity Name
DIGA LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 14 AM 10:12



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,033,434.90**

10. Amount of Capital Contributions in FLORIDA to date.

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 the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DIDZIULIS, JADVYGA 5000 N. OCEAN BLVD. #1602 FT. LAUDERDALE FL 33308	STREET ADDRESS	<i>Set 6/14</i>
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	700005883047--5 -06/20/02--01040--006 ****535.00 ****535.00
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	Lp535 Temp ID
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	

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 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **JADVYGA DIDZIULIS** **4/29/02 (954) 946-6436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (9/01)