

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90851 001 \*\*\*300.00

DOCUMENT # F00000003642



1. Entity Name  
DIVEO, INC.

Principal Place of Business  
3201 NEW MEXICO AVENUE, N.W., SUITE 320  
WASHINGTON DC 20016

Mailing Address  
3201 NEW MEXICO AVENUE, N.W., SUITE 320  
WASHINGTON DC 20016

2. Principal Place of Business  
*One Financial Plaza*  
Suite, Apt. #, etc.  
*Suite 1700*

3. Mailing Address  
*One Financial Plaza*  
Suite, Apt. #, etc.  
*Suite 1700*

City & State  
*Fort Lauderdale, FL*  
Zip  
*33394*  
Country  
*USA*

City & State  
*Fort Lauderdale, FL*  
Zip  
*33394*  
Country  
*USA*

4. FEI Number **52-2177608**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOAD, ROBERT</b>	
STREET ADDRESS	<b>3201 NEW MEXICO AVENUE, N.W., SUITE 320</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOSQUERA, JUAN</b>	
STREET ADDRESS	<b>3201 NEW MEXICO AVENUE, N.W., SUITE 320</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, OSCAR</b>	
STREET ADDRESS	<b>3201 NEW MEXICO AVENUE, N.W., SUITE 320</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LAGO, VICTOR</b>	
STREET ADDRESS	<b>3201 NEW MEXICO AVENUE, N.W., SUITE 320</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	
TITLE	<b>STAS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOUZA, FABIAN</b>	
STREET ADDRESS	<b>3201 NEW MEXICO AVENUE, N.W., SUITE 320</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	
TITLE	<b>SAS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MINELLA, DENNIS</b>	
STREET ADDRESS	<b>3201 NEW MEXICO AVENUE, N.W., SUITE 320</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Director and Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Oscar Garcia</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33394</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Juan Mosquera</b>	
STREET ADDRESS	<b>One Financial Plaza Suite 1700</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33394</b>	
TITLE	<b>President - Chief Operating Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carry Spangler</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33394</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Victor Lago</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33394</b>	
TITLE	<b>Assistant Treasurer and Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carol Stephen</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33394</b>	
TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Sharpe</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33394</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Oscar Garcia 2/21/03 (954) 462-2210  
Date Daytime Phone #

CR2E034 (10/02)