

# 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 # F00000003646**



1. Entity Name  
**DIVEO DATA CENTERS (USA), 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  
**Fork Lauderdale, FL**  
Zip  
**33394** Country  
**USA**

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

4. FEI Number **52-2266754**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

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

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 checked="" 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 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>AS</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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President - chief operating officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larry Spangler</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fork Lauderdale, Florida 33394</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Juan Mosquera</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fork Lauderdale, Florida 33394</b>	
TITLE	<b>Director and Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Oscar Garcia</b>	
STREET ADDRESS	<b>One Financial Plaza, Suite 1700</b>	
CITY-ST-ZIP	<b>Fork Lauderdale, Florida 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>Fork Lauderdale, Florida 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>Fork Lauderdale, Florida 33394</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 RECEIVED** \_\_\_\_\_ **2/21/03** \_\_\_\_\_ **(954) 462-2210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)