

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90073 012 \*\*\*150.00

**DOCUMENT # F86274**

1. Entity Name  
**DIANA B, INC.**

Principal Place of Business 2660 S OCEAN DR APT 101N PALM BEACH FL 33480 US	Mailing Address 2660 S OCEAN DR APT 101N PALM BEACH FL 33480 US
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27816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-2003119</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DOLCHIN, STEVEN B 4330 SHERIDAN ST, #202B HOLLYWOOD FL 33021				Name: <i>Jeffrey Marcus</i> Street Address (P.O. Box Number is Not Acceptable): <i>4300 W. University Place</i> <i>UNIVERSITY PL</i> City: <i>Lauderhill, FL</i> Zip Code: <i>33351</i>			

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: *Jeffrey Marcus* (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCUS, JEFFRY 25 SOUTH "H" STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Marcus Jeffrey</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>4300 W. University Dr</i> <i>Lauderhill FL</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>33351</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURGER, DIANA 2660 S OCEAN DR APT 101N PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diana Burger* DATE: *1-19-01* DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (10/00)