

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90202 041 ***150.00

DOCUMENT # F86274
 1. Entity Name
DIANA B, INC.

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



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 **23-2003119** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARCUS, JEFFREY
14300 N UNIVERSITY DR
LAUDERHILL FL 33351

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	V <i>NEW ADDRESS</i> <input type="checkbox"/> Delete
NAME	MARCUS, JEFFREY
STREET ADDRESS	4300 N UNIVERSITY DR #D200 <i>8890 W OAKLAND PARK BLVD.</i>
CITY-ST-ZIP	LAUDERHILL FL 33351 <i>SUITE 202 SUNRISE FL 33351</i>
TITLE	PSTD <input type="checkbox"/> Delete
NAME	BURGER, DIANA
STREET ADDRESS	2660 S OCEAN DR APT 101N
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1-10-02
If possible you please notify me on receiving my check & this form.
Thanks for your help.
Diana Burger

Diana Burger
 2660 S Ocean Blvd Apt 101N
 Palm Beach FL 33480-5423

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature sh 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: *SIGNATURE Diana Burger* *1-10-02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)