

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

0090749 AV

07-21-2003 90126 022 ***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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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
8890 W. OAKLAND PARK BLVD
SUITE 202
SUNRISE 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	V MARCUS, JEFFRY 8890 W. OAKLAND PARK BLVD STE 202 SUNRISE FL 33351	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: **JEFFREY MARCUS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03
Date

Daytime Phone #

CR2E034 (4/03)

Attachment

JEFFREY I. MARCUS, C. P. A., P. A.

90145117
FEB 27 2004

8890 WEST OAKLAND PARK BOULEVARD SUITE #202

SUNRISE, FLORIDA 33351

OFFICE (954) 747-0700

FAX (954) 747-7005

Taxpayer: Diana B, Inc.

EIN: ~~23-2003119~~

Year: 2003

Form: UBR

Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

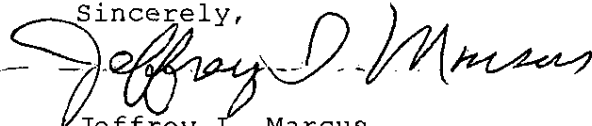
Gentlemen:

I am the accountant for the above named taxpayer and have been requested by them to write this letter in response to your UBR form just sent to the taxpayer. The taxpayer did not receive the UBR usually sent in January.

Please accept the enclosed check for \$ 150.00. The taxpayer requests that penalties be abated because the taxpayer never received the prior form.

Thank you,

Sincerely,



Jeffrey I. Marcus