

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90089 031 ***158.75

DOCUMENT # F96000002098

1. Entity Name
DIVA ACQUISITION CORP

Principal Place of Business

**52-16 BARNETT AVE
ATTN: BEVERLY CHOTO
LONG ISLAND CITY NJ 11104**

Mailing Address

**52-16 BARNETT AVE
ATTN: BEVERLY CHOTO
LONG ISLAND CITY NJ 11104**

711219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3313622**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DCP**
STREET ADDRESS **MADDEN, STEVEN**
CITY-ST-ZIP **52-16 BARNETT AVE
LONG ISLAND CITY NJ 11104**

TITLE ☒ Change ☐ Addition
NAME **DC**
STREET ADDRESS **Madden Steven**
CITY-ST-ZIP **52-16 Barnett Ave
Long Island City, NY 11104**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **DHARIA, ARVIND**
CITY-ST-ZIP **52-16 BARNETT AVE
LONG ISLAND CITY NY 11104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BROWN, RHONDA**
CITY-ST-ZIP **52-16 BARNETT AVE
LONG ISLAND CITY NJ 11104**

TITLE ☒ Change ☐ Addition
NAME **PB**
STREET ADDRESS **BROWN, RHONDA**
CITY-ST-ZIP **52-16 BARNETT AVE.
LONG ISLAND CITY, NY 11104**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BASILE, JOHN**
CITY-ST-ZIP **52-16 BARNETT AVE
LONG ISLAND CITY NJ 11104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WAGNER, LES**
CITY-ST-ZIP **52-16 BARNETT AVE
LONG ISLAND CITY NY 11104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MIGIORANI, PETER**
CITY-ST-ZIP **52-16 BARNETT AVE
LONG ISLAND CITY NY 11104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)