

2002 UNIFORM BUSINESS REPORT

0007361

DOCUMENT # L97000000422

1. Entity Name

DIANA INVESTMENT, LLC

L97000000422

FILED

02 NOV 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

30 LAGORCE CIRCLE
MIAMI BEACH FL 3314130 LAGORCE CIRCLE
MIAMI BEACH FL 33141

2. Principal Place of Business

5700 Collins Avenue

3. Mailing Address

5700 Collins Avenue

Suite, Apt. #, etc.

8-H

Suite, Apt. #, etc.

8-H

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number 65-0823871

Applied For

Not Applicable

Zip
33140Country
USAZip
33140Country
USA5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, DIANA
~~30 LAGORCE CIRCLE~~
~~MIAMI BEACH FL 33141~~Name
Diana Sanchez StaudingerStreet Address (P.O. Box Number is Not Acceptable)
5700 Collins Avenue

Apt. 8-H

City
Miami Beach

FL

Zip Code
33140

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 *Diana Staudinger*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/1/02
DATEFILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SANCHEZ, DIANNA
~~30 LAGORCE CIRCLE~~
~~MIAMI BEACH FL 33141~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5700 Collins Avenue, 8-H
Miami Beach, FL 33140 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SANCHEZ, MONICA
~~30 LAGORCE CIRCLE~~
~~MIAMI BEACH FL 33141~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5700 Collins Avenue, 8-H
Miami Beach, FL 33140 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000009122460
11/20/02--01086--001 **150.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Diana Staudinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/1/02

305-868-0123

Date

Daytime Phone #

CR2E083 (4/02)