2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 10, 2003 8:00 am **Secretary of State** DOCUMENT # N0000005031 1. Entity Name 02-10-2003 90124 025 ****61.25 DIEN-B INC. Principal Place of Business Mailing Address 282 NW 36TH STREET 282 NW 36TH STREET 90020625 MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business Mailing Address reet 282 NW Suite, Apt. #, etc. Süite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-1048882 City & State Applied For Nuam Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOISSEAU, DAMIEN Acceptable) Street Address (P.O. Box Mm) 935 NW 75TH STREET MIAMI FL 33138 City 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. <u>02-ou-o3</u> SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME BOISSEAU, DAMIEN NAME STREET ADDRESS 935 NW 75TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition **BOISSEAU, JACQUELINE** NAME NAME STREET ADDRESS 935 NW 75TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP TITLE ☐ Defete TITLE Addition BOISSEAU, BERNARD NAME STREET ADDRESS 935 NW 75TH STREET STREET ADDRESS CITY-ST-ZIF **MIAMI FL 33138** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 receipts or trustee empowered to execute this report as required by Chapter 617, 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

☐ Delete

365134949

☐ Change

☐ Addition