

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90213 016 ****61.25

DOCUMENT # N03000003844

1. Entity Name

DIVE MIAMI ALLIANCE INC.



Principal Place of Business

3901 NW 145 STREET
MIAMI FL 33054

Mailing Address

PO BOX 661438
MIAMI FL 33266-1438

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

20-0017252

Applied For

Not Applicable

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

O'NEAL, STEPHEN
1629 WESTWARD DRIVE
MIAMI FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CTR ☐ Delete
NAME BAROCAS, RICK
STREET ADDRESS 2852 NW 72ND AVE.
CITY-ST-ZIP MIAMI FL 33122

TITLE PTR ☐ Delete
NAME DEL CAMPO, HENRY
STREET ADDRESS 160 SUNNY ISLE BLVD.
CITY-ST-ZIP SUNNY BEACH FL 33150

TITLE TR ☐ Delete
NAME MATHEWS, CHARLIE SR.
STREET ADDRESS 4633 S LE LOVE RD.
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE TR ☐ Delete
NAME SMITH, RICK
STREET ADDRESS 3901 NW 145 ST.
CITY-ST-ZIP MIAMI FL 33054

TITLE TR ☐ Delete
NAME O'NEIL, STEPHEN
STREET ADDRESS 1629 WESTWOOD DR.
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 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.

SIGNATURE: *Richard A. Barocas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 305 599 9900
Date Daytime Phone #