

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14295

1. Entity Name

DIANOVA USA, INC.

Principal Place of Business

8142 BYRON AVENUE
SUITE 5
MIAMI BEACH FL 33141

Mailing Address

218 E 30TH ST
NEW YORK NY 10016
US

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

65-0008668

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

VITAL, PEDRO
8142 BYRON AVE APT 5
MIAMI BEACH FL 33141

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

PEDRO VITAL

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

(NOTE: Registered Agent signature required when reinstating)

4/23/2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	DEROOVER, ANA C	
STREET ADDRESS	218 E 30TH ST APPT 4	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEROOVER, GIRO	
STREET ADDRESS	218 E 30TH ST APPT 4	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRIETO, MARIO	
STREET ADDRESS	450 WALKER VALLEY RD	
CITY-ST-ZIP	PINEBUSH NY 12566	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCCIARDINI, MAURO	
STREET ADDRESS	450 WALKER VALLEY RD	
CITY-ST-ZIP	PINE BUSH NY 12566	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BRECKENRIDGE, LELAND D JR	
STREET ADDRESS	108 E 38TH	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOMEZ, CESAR	
STREET ADDRESS	218 30TH ST APPT 2	
CITY-ST-ZIP	NEW YORK NY 10016	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

PEDRO VITAL

04/21/2001 8457335494

CR2E037 (10/00)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91312 007 ****70.00



DO NOT WRITE IN THIS SPACE