

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90167 037 ***150.00

DOCUMENT # P00000090413

1. Entity Name

D.I.V.A. INTERNATIONAL OF MIAMI, FLA. INC

Principal Place of Business

**6272 NW 186 ST. A101
 MIAMI LAKES FL 33015**

Mailing Address

**5510 NW 1 ST AVE
 MIAMI FL 33127**

2. Principal Place of Business

5510 NW 1st AVE

3. Mailing Address

5510 NW 1st AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Miami, Fla.

Zip

Country

33127 Dade

Zip

Country

33127 Dade

4. FEI Number

65-1047109

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

**WILLIS, HATTIE
 5510 NW 1ST AVE
 MIAMI FL 33127**

Name

HATTIE WILLIS

Street Address (P.O. Box Number is Not Acceptable)

5510 NW 1st AVE

Miami

FL

Zip Code

33127

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

Hattie Willis

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/2001

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 **P JOHNSON, BRANDY**
 STREET ADDRESS **1070 SW 66 AVE**
 CITY-ST-ZIP **OEMBROKE PINES FL 33023**

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

TITLE ☐ Delete
 NAME **V GELIN, NATALEE**
 STREET ADDRESS **17260 NW 53RD CT**
 CITY-ST-ZIP **MIAMI FL 33055**

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

TITLE ☐ Delete
 NAME **T JENNINGS, WANDA**
 STREET ADDRESS **6272 NW 186 ST, A101**
 CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE ☒ Change ☐ Addition
 NAME **TREPREA JENNINGS**
 STREET ADDRESS **8450 NW 24 AVE**
 CITY-ST-ZIP **Miami, Fla. 33015**

TITLE ☐ Delete
 NAME **S WILLIS, HATTIE**
 STREET ADDRESS **5510 NW 1ST AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/16/2001 305-354-3993

Date

Daytime Phone #

CR2E034 (10/00)