

5/22

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90183 031 ***158.75

DOCUMENT # P00000092636

1. Entity Name

DIWI CORPORATION

Principal Place of Business

7355 N.W. 54 STREET
MIAMI FL 33166

Mailing Address

7355 N.W. 54 STREET
MIAMI FL 33166

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

65-1063228

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVENUE
SUITE 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Sanchez de Varona, Raul J
 Street Address (P.O. Box Number is Not Acceptable)
1320 South Dixie Highway
Gables One Tower Suite 280
 City **Coral Gables** FL Zip Code **33146**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **D** ☐ Delete
 NAME **DIAZ E, RAMON**
 STREET ADDRESS **5900 COLLINS AVENUE #1208**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **PD** ☒ Delete
 NAME **WIESNER, EVA**
 STREET ADDRESS **5900 COLLINS AVENUE #1208**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Delete
 NAME **DIAZ WIESNER, ALEXANDER**
 STREET ADDRESS **5900 COLLINS AVENUE #1208**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Delete
 NAME **DIAZ WIESNER, NORMA P**
 STREET ADDRESS **5900 COLLINS AVENUE #1208**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Delete
 NAME **DIAZ WIESNER, IVAN**
 STREET ADDRESS **5900 COLLINS AVENUE #1208**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Diaz E. Ramon**
 STREET ADDRESS **7355 N.W. 54 Street**
 CITY-ST-ZIP **Miami, FL 33166**

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

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

TITLE ☒ Change ☐ Addition
 NAME **Diaz Wiesner, Norma Pilar**
 STREET ADDRESS **7355 N.W. 54 Street**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (9/01)