

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90158 032 \*\*\*150.00

**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

**55045277**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**4. FEI Number** 65-1063228

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SANCHEZ DE VARONA, RAUL J  
1320 SOUTH DIXIE HIGHWAY  
GABLES ONE TOWER STE 280  
CORAL GABLES FL 33146

**7. Name and Address of New Registered Agent**

Name Norma Pilar Diaz Wiesner  
Street Address (P.O. Box Number is Not Acceptable)  
7355 N.W. 54 Street  
City Miami FL 33166

**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 Norma Pilar Diaz W. May 20/03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **DIAZ E. RAMON**  
STREET ADDRESS **7355 N.W. 54 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
NAME **DIAZ WIESNER, NORMA P**  
STREET ADDRESS **7355 N.W. 54 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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CITY-ST-ZIP

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

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 607, 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 the empowered.**

SIGNATURE: Norma Pilar Diaz W. Director 01/30/23 305863644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)