05/03/2002 18:42 954-731-7242 MACINTER CORP 5/2

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-24-2002 91386 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000109532

1. Entity Name
DIAGO MARINE INC

DO NOT WRITE IN THIS SPACE

37011

2. Principal Place of Business: 11440 NW 36 PL
Suite, Apt. #, etc.
City & State: SUNRISE FL
Zip: 33323 Country: USA

3. Mailing Address: PO BOX 450991
Suite, Apt. #, etc.
City & State: SUNRISE FL
Zip: 33345 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651059500 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: DIAGO MARIA E
Street Address (P.O. Box Number is Not Acceptable): 11440 NW 36 PL
City: SUNRISE FL Zip Code: 33323

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] [signature] 5.1.02

9. This corporation is eligible to satisfy its intangible Tax filing requirement, and elects to do so. ☐ (See criteria on back).

January 1 – May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP.
NAME	DIAGO, MARIA ESTELLA
STREET ADDRESS	11440 NW 36 PL SUNRISE
CITY-ST-ZIP	FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6.20.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #