

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91634 035 ***158.50

DOCUMENT # P01000004946

1. Entity Name

DIOMAR CORPORATION

Principal Place of Business

**18051 BISCAYNE BLVD APTM #505
 TOWER 1 NORTH
 AVENTURA FL 33160**

Mailing Address

**18051 BISCAYNE BLVD APTM #505
 TOWER 1 NORTH
 AVENTURA FL 33160**

2. Principal Place of Business

8264 NW 58th STREET

3. Mailing Address

8264 NW 58th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1071016

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

OCAMPO, OMAR

18051 BISCAYNE BLVD APTM #505

TOWER 1 NORTH

AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

OCAMPO, OMAR

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

8264 NW 58th STREET

City

MIAMI, FL

FL

Zip Code

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.

SIGNATURE **OCAMPO, OMAR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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 **OCAMPO, OMAR**
 STREET ADDRESS **18051 BISCAYNE BLVD APTM #505**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **OCAMPO, OMAR**
 STREET ADDRESS **8264 NW 58th STREET**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ARISTIZABAL DIEGO**
 STREET ADDRESS **8264 NW 58th 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
 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: **OCAMPO, OMAR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 (305) 591-6565

CR2E034 (9/01)