

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 040 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002

DOCUMENT # PD1000015001
1. Entity Name
WATCH DIVA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3711 North Park Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1709 Suite, Apt. #, etc.
City & State Hollywood FL	City & State Dania FL
Zip 33021	Zip 33021

4. FEI Number **65-1076434**
Applied For ☐ Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **KNOHL SUZANNE**
Street Address (P.O. Box Number is Not Acceptable)
3711 N. PARK RD
City **HOLLYWOOD** FL Zip **33021**

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 **Suzanne E Knohl** **Dre** **4/10/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	PD KNOHL SUZANNE 3711 N PARK RD HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Suzanne E Knohl** **4/10/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)