

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90135 011 ***150.00

DOCUMENT # P01000080161

1. Entity Name
DIVA TABU ENTERPRISES, INC.

Principal Place of Business
10295 COLLINS AVENUE, SUITE #1116
BAL HARBOUR FL 33154

Mailing Address
10295 COLLINS AVENUE, SUITE #1116
BAL HARBOUR FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1132776

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

7. Name and Address of New Registered Agent

SILVA, FERNANDO
16300 N.E. 19 AVENUE, SUITE #100
NORTH MIAMI BEACH FL 33162

Name
FERNANDO SILVA

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

16300 NE 19 AVE SUITE C

City
NORTH MIAMI BEACH

FL

Zip Code
33162

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
VARGAS, RODRIGO
STREET ADDRESS
10295 COLLINS AVENUE, SUITE #1116
CITY-ST-ZIP
BAL HARBOUR FL 33154

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VPD
NAME
DIVANA, SOLANGE
STREET ADDRESS
10295 COLLINS AVENUE, SUITE #1116
CITY-ST-ZIP
BAL HARBOUR FL 33154

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☐ Change ☐ Addition

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

1/14/02

Date

Daytime Phone #

0042127 AV

CR2E034 (9/01)