

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90179 007 ***150.00

DOCUMENT # P02000089180



1. Entity Name
DIHOM CORPORATION

Principal Place of Business
**4126 VISTA LAGO CIR. #103
KISSIMMEE FL 34741**

Mailing Address
**P.O. BOX 452278
KISSIMMEE FL 34745**



2. Principal Place of Business

823 Woodfield CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, FL

City & State

4. FEI Number

52-2375196

Applied For

Not Applicable

Zip

Country

34744 USA

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

**MATHEUS, DIANA
4126 VISTA LAGO CIR. #103
KISSIMMEE FL 34741**

Name

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

823 Woodfield CT

City

FL

Zip Code

34744

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MATHEUS, RICARDO**
STREET ADDRESS **4126 VISTA LAGO CIR. #103**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **S** ☐ Delete
NAME **RODRIGUEZ, CARMEN**
STREET ADDRESS **4126 VISTA LAGO CIR. #103**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **T** ☐ Delete
NAME **MATHEUS, DIANA**
STREET ADDRESS **4126 VISTA LAGO CIR. #103**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition
NAME **823 Woodfield CT**
STREET ADDRESS **Kissimmee, FL 34744**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE: Diana Matheus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

Daytime Phone #

CR2E034 (10/02)