

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90011 018 \*\*\*150.00

**DOCUMENT # P93000034348**

1. Entity Name

**DIANA CARMELITA MATIGIAN, P.A.**

Principal Place of Business

~~2035 HARDING ST~~  
~~HOLLYWOOD FL 33020~~

Mailing Address

Crossroads Professional Plaza  
7777 N. Davie Rd Extension  
Suite 102B  
Davie, FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Crossroads Professional Plaza

3. Mailing Address  
Crossroads Professional Plaza

Su 7777 N. Davie Road Extension  
Suite 102B

7777 N. Davie Rd Extension  
Suite 102B

City Davie, FL 33024

City & State Davie, FL 33024

4. FEI Number **65-0416105**

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

**MATIGIAN, DIANA C**

~~2035 HARDING ST~~

~~HOLLYWOOD FL 33020~~

Name

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

City

**FL**

Zip Code

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 ☐ Delete  
NAME **PVST MATIGIAN, DIANA C**  
STREET ADDRESS **7777 N. Davie Road Extension**  
CITY-ST-ZIP **2035 HARDING ST Suite 102B**  
**HOLLYWOOD FL 33020 Davie, FL 33024**

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

TITLE ☐ Delete  
NAME **D MATIGIAN, DIANA C**  
STREET ADDRESS **2035 HARDING ST**  
CITY-ST-ZIP **7777 N. Davie Rd Extension**  
**HOLLYWOOD FL 33020 Suite 102B**  
**DAVIE, FL 33024**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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:**

*D. Matigian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/28/02*

CP2E034 (9/01)