

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90064 030 \*\*\*150.00

023549

**DOCUMENT # P96000048822**  
 1. Entity Name  
**DIDERISA CORPORATION**

Principal Place of Business 12175 SW 132 CT MIAMI FL 33186 US	Mailing Address 12175 SW 132 CT MIAMI FL 33186 US
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2. Principal Place of Business 13250 SW 128 ST Suite, Apt. #, etc. Suite 112 City & State Miami FL Zip 33186 Country USA	3. Mailing Address 13250 SW 128 ST Suite, Apt. #, etc. Suite 112 City & State Miami FL Zip 33186 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0676933</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DIEGUEZ, ARIEL</b> <b>12175 SW 132 COURT</b> <b>MIAMI FL 33186</b>		
7. Name and Address of New Registered Agent Name <b>Ariel Diequez</b> Street Address (P.O. Box Number is Not Acceptable) <b>13250 SW 128 ST</b> <b>Suite 112</b> City <b>Miami</b> FL Zip Code <b>33186</b>		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VELA, DONALDO</b> <b>14402 SW 111 ST</b> <b>MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SOSA, PEDRO</b> <b>14402 SW 111 ST</b> <b>MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the filing of this report.

SIGNATURE: [Signature] NAME: Resident DATE: 3/28/01 DAYTIME PHONE: 305-259-7388

CR2E034 (10/00)