

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005114

1. Entity Name

DIASHIP NORTH AMERICA, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90029 015 ***150.00

Principal Place of Business
1535 S.E. 17TH STREET
SUITE 103
FORT LAUDERDALE FL 33316

Mailing Address
1535 S.E. 17TH STREET
SUITE 103
FORT LAUDERDALE FL 33316-1737

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0721143

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

PORTUONDO, JOSEPH
NATIONS BANK TOWER 37TH FL
100 SE 2ND ST
MIAMI FL 33131

Name: **Joseph Portuondo, Esq.**

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

1200 Brickell Ave, Suite 1480

MIAMI FLA.

City

FL

Zip Code

33131

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
HEESEN, FRANS
1535 S.E. 17TH STREET, SUITE 103
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GREMMEN, J.G.W.
1535 S.E. 17TH STREET, SUITE 103
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WINGENS, T.J.F.M.
1535 S.E. 17TH STREET, SUITE 103
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SEIGEL, LOIS
1535 S.E. 17TH STREET, SUITE 103
FORT LAUDERDALE FL 33316

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

Secretary
Joseph Portuondo
1200 Brickell Ave, Suite 1480
MIAMI, FLA. 33131

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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

3/31/2000

Date

(305) 666-6640

Daytime Phone #

CR2E034 (9/99)