

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90100 022 \*\*\*150.00

**DOCUMENT # P97000058626**

1. Entity Name  
**DIARQ CORPORATION**

Principal Place of Business 2600 ISLAND BLVD SUITE 301 WILLIAMS ISLAND FL 33160 US	Mailing Address C/O WHITE & CASE FIRST UNION FINANCIAL CNT 200 S. BISCAYNE BLVD MIAMI FL 33131-2310
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0765054</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

**JACOME, SUSANA**  
**2600 ISLAND BLVD #301**  
**AVENTURA FL 33160**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA CONCHA, PABLO C</b>	
STREET ADDRESS	<b>2600 ISLAND BLVD., SUITE 301</b>	
CITY-ST-ZIP	<b>AVNEUTURA FL 33160</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DE DAYAN, ALLEGRA H</b>	
STREET ADDRESS	<b>2600 ISLAND BLVD., SUITE 301</b>	
CITY-ST-ZIP	<b>AVNEUTURA FL 33160</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA TORRE, MARIA E</b>	
STREET ADDRESS	<b>2600 ISLAND BLVD., SUITE 301</b>	
CITY-ST-ZIP	<b>AVNEUTURA FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACOME, SUSANA</b>	
STREET ADDRESS	<b>2600 ISLAND BLVD., SUITE 301</b>	
CITY-ST-ZIP	<b>AVNEUTURA FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Susana Jacome **3-2-00** **936-9700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)