

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90012 023 \*\*\*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 FIN. CTR.  
 200 S. BISCAYNE BLVD  
 MIAMI FL 33131-2352**

2. Principal Place of Business

**18848 NE 29th Ave.**

3. Mailing Address

**18848 NE 29th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Aventura, FL**

City & State

**Aventura, FL**

4. FEI Number

**65-0765054**

Applied For

Not Applicable

Zip

**33180**

Country

Zip

**33180**

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

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

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, 2001 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	<input type="checkbox"/> Delete
P	DE LA CONCHA, PABLO C	2600 ISLAND BLVD., SUITE 301	AVNEUTURA FL 33160	<input type="checkbox"/>
S	DE DAYAN, ALLEGRA H	2600 ISLAND BLVD., SUITE 301	AVNEUTURA FL 33160	<input type="checkbox"/>
T	DE LA TORRE, MARIA E	2600 ISLAND BLVD., SUITE 301	AVNEUTURA FL 33160	<input type="checkbox"/>
D	JACOME, SUSANA	2600 ISLAND BLVD., SUITE 301	AVNEUTURA FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305**  
**2-7-01 936-9700**  
 Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE