

2001 UNIFORM BUSINESS REPORT (UBR)

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

Zip

33180

Country

Zip

33180

Country

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 P
NAME DE LA CONCHA, PABLO C
STREET ADDRESS 2600 ISLAND BLVD., SUITE 301
CITY-ST-ZIP AVNEUTURA FL 33160 ☐ Delete

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

TITLE S
NAME DE DAYAN, ALLEGRA H
STREET ADDRESS 2600 ISLAND BLVD., SUITE 301
CITY-ST-ZIP AVNEUTURA FL 33160 ☐ Delete

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

TITLE T
NAME DE LA TORRE, MARIA E
STREET ADDRESS 2600 ISLAND BLVD., SUITE 301
CITY-ST-ZIP AVNEUTURA FL 33160 ☐ Delete

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

TITLE D
NAME JACOME, SUSANA
STREET ADDRESS 2600 ISLAND BLVD., SUITE 301
CITY-ST-ZIP AVNEUTURA FL 33160 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

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

02-12-2001 90012 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765054

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)

305-
2-7-01 936-9700