

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91122 036 ***150.00

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DOCUMENT # P97000063211

1. Entity Name

DIAB INVESTMENTS, INC.

Principal Place of Business

**5728 MAJOR BLVD., STE. 304
 ORLANDO FL 32819**

Mailing Address

**5728 MAJOR BLVD., STE. 304
 ORLANDO FL 32819**

2. Principal Place of Business

5728 Major Blvd.

3. Mailing Address

5728 Major Blvd

Suite, Apt. #, etc.

Suite 174

Suite, Apt. #, etc.

Suite 174

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

Zip

32819

Country

4. FEI Number

59-3462066

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **5001**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAB, MOHAMMED
 5728 MAJOR BLVD., STE. 304
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Mohammed Diab

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

5728 Major Blvd. # 174

City

Orlando

FL

Zip Code

32819

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 **Mohammed Diab**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2001

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

TITLE **PTSD** ☐ Delete
 NAME **DIAB, MOHAMMED**
 STREET ADDRESS **5728 MAJOR BLVD., STE. 304**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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: **Mohammed Diab**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2001 (407) 352 6175

CR2E034 (10/00)