

2/5/

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2001 90060 019 ***150.00

DOCUMENT # P97000064444

1. Entity Name

DIAMOND ROW INVESTMENT CORP.

Principal Place of Business

Mailing Address

ARJA ASSOCIATES, INC.
4315 NW 7 ST -#51
MIAMI FL 33126

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4315 NW 7 ST -#51
MIAMI FL 33126

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 **65-0769592**

Applied For

Not Applicable

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

ARJA ASSOCIATES, INC.
4315 N.W. 7TH STREET
#34
MIAMI FL 33126

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 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	SEGOWIA, RAFAEL G	4300 DIAMOND ROW	FT LAUDERDALE FL 33331	☐
DP	FIGALLO SEGOWIA, JEAN P	4300 DIAMOND ROW	FT LAUDERDALE FL 33331	☐
V	FIGALLO, CARLOS A	4300 DIAMOND ROW	FT LAUDERDALE FL 33331	☐
V	FIGALLO SEGOWIA, CHARLES A	4300 DIAMOND ROW	FT LAUDERDALE FL 33331	☐
S	FIGALLO SEGOWIA, CARLOS F	4300 DIAMOND ROW	FT LAUDERDALE FL 33331	☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

Date

Daytime Phone #

CR2E034 (10/00)