

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083892

1. Entity Name
DIASET, INC.

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90210 013 ***150.00

Principal Place of Business
300 SOUTH PINE ISLAND ROAD
SUITE 212
PLANTATION FL 33324

Mailing Address
300 SOUTH PINE ISLAND ROAD
SUITE 212
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1802 NORTH UNIVERSITY DR
Suite, Apt. #, etc.
203H

3. Mailing Address
877 N.W 97th Ave
Suite, Apt. #, etc.

City & State
PLANTATION FLORIDA
Zip
33322
Country
BROWARD

City & State
PLANTATION FLORIDA
Zip
33324
Country
BROWARD

4. FEI Number 65-0784476

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

SETHI, PUSHPENDER S
300 SOUTH PINE ISLAND ROAD
SUITE 212
PLANTATION FL 33324

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
PD
SETHI, PUSHPENDER S
300 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

CR2E034 (10/00)