## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P98000054662

1. Entity Name

SIGNATURE:

DIACOR INTERNATIONAL, INC.



**FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90085 046 \*\*\*150.00

	*					NO WE TE						
Principal Plac 36 N.E. 1ST MIAMI FL 33		3	36 1	ng Address I.E. 1ST #747 VII FL 33132								
2. Principal Place of Business				3. Mailing Address				1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. 1	4. FEI Number 65-0844118			oplied For	
Zip		Country	Zip		Coun	try	5. (	Certificate of Status Desired		8.75 Add		
	6. Name	and Address of Current	Register	ed Agent			7. 1	Name and Address of New Registe	ered Ag	ent		
RUBIN, A			-	- <del> </del>	-	- Name		lox Number is Not Acceptable)	~ . <b></b>			
36 N.E. 1ST #747 MIAMI FL 33131							·					
						City			FL	Zip Cod	е	
the obligat	tions of regist	ered agent.			registere	Led office or reg	istered ag	ent, or both, in the State of Florida.		niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if app	plicable. (NOTE	: Registered	Agent signature re-	quired when re	einstating) [	ATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					Election Campaign Financin     Trust Fund Contribution.	g $\square$		<b>0</b> May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND E	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, AI 2000 TOV MIAMI FL	VERSIDE TERRACE #7	709	☐ Delete		l l	**************************************		[	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	□ Delete					]	Change	Addition !	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	<b>.</b> .	· · · · · · · · · · · · · · · · · · ·	☐ Delete			·		 	_ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete						] Change	☐ Addition	
12. I hereby condicated of the corrections of the c	ertify that the on this report poration or the or on an attac	information supplied with or supplemental report is e receiver or trustee empo chment with an address, w	this filing true and wered to rith all oth	does not qualify for accurate and that m execute this report a er like empoyered.	the exer ny signate as require	nption stated in ure shall have t ed by Chapter	n Section 1 the same k 607, Floric	19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; the da Statutes; and that my name appe	er certify nat I am nars in E	that the ir an officer llock 10 or	nformation or director Block 11 if	