

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000074477**

1. Entity Name

**DIONE NORTH AMERICA, INC.**

Principal Place of Business

**2 MYSTIC LANE  
MALVERN PA 19355**

Mailing Address

**2 MYSTIC LANE  
MALVERN PA 19355**

2. Principal Place of Business

**2400 N. COMMERCIAL AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**Suite 305**

City & State

**WESTON, FL**

City & State

Zip

**33326**

Country

**USA**

Country

4. FEI Number

**65-0859045**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.**

**417 E. VIRGINIA ST.**

**STE. 1**

**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

**Capital Connection, Inc.**

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

**417 E. Virginia St.**

City

**Tallahassee**

FL

Zip Code

**32301**

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]* **Weimar Lopez for Capital Connection 6/26/02**

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, 2002 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	<b>P</b> <b>GARRIDO, ENRIQUE</b> <b>62 HAMILTON RD</b> <b>HIGH WYCOMBE BUCK, HP135BQ EN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAPPING, STEPHEN</b> <b>48 DISRAELI CRESCENT</b> <b>HIGH WYCOMBE, BUCK HP135EJ EN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCGEE, JARRY</b> <b>77 HAMILTON ROAD</b> <b>HIGH WYCOMBE, BUCKS HP135BQ EN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **RECEIVED TAPPING**

**04/04/2002**

**44 1494 429603**

FILED

05-24-2002 91269 830 \*\*\*150.00  
**02 JUN 26 PM 12:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)