## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9900000199**1. Entity Name

DIANE MARIE, INC.

## PIRECE FL SHAP  2. Principal Place of Rusiness  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City &	Principal Place								
Suite Apt. # etc.   Suite Apt. # etc.   DINOT WRITE IN THIS SPACE	2506 DELAWARE AVE. FT. PIERCE FL 34947								
Suite Apt. # etc.   Suite Apt. # etc.   DINOT WRITE IN THIS SPACE	2. Principal Pla	ace of Business	3. Mailing Address						
City & State    Country   Country   Country   Country   Country   S. Confidence of Status Desired   S8.75 Additional Personal Page					_				16 (6)( 166)
Country   Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPA	4CE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Na	City & State		City & State		<b>4.</b> F	El Number <b>65-088637</b> 0	)		
Signaruse Signar	Zip	Country	Zip	Country	5. 0	Dertificate of Status Desired	□ \$8	3.75 Addi	itional
HOLDEN, NOVICE 2506 DELAWARE AVE. FT. PIERCE FL 34947  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    Figure		6. Name and Address of Current F	legistered Agent		7. N	lame and Address of New R			'
2506 DELAWARE AVE. FT. PIERCE FL 34947  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.  Signal Turite  9. This corporation is eligible to satisfy its intangible Taxosticable  9. This corporation is eligible to satisfy its intangible Taxosticable  9. This corporation is eligible to satisfy its intangible Taxosticable  9. This corporation is eligible to satisfy its intangible Taxosticable  9. This corporation is eligible to satisfy its intangible Taxosticable  9. This corporation is eligible to satisfy its intangible Taxosticable  9. This corporation is eligible to satisfy its intangible Taxosticable  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DI				Name	· · · · · · · · · · · · · · · · · · ·				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax tiling requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  SILVA, BRUCE  392 SCARAWAN RD  STORE RIDGE NY 12484  ITILE  STILLA LORRAINE  393 SCARAWAN RD  STORE RIDGE NY 12484  ITILE  NAME  SIRELA ADDRESS  CITY-ST-2P  ITILE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  ITILE  NAME  STREET ADDRESS  STREE	2506	DELAWARE AVE.	Street Address		ss (P.O. B	Box Number is Not Acceptable	9)		
A 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	FT. P	PIERCE FL 34947							
SIGNATURE    Signature typod or printed name of regalateral agent and title it applicable.   (NOTE Regalateral appendix recoursed when reinstating)   DAYE				City			FL	Zip Code	<b></b>
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Trust Fund Contribution   Added to Fees	9. This corpo	eration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00		10 Floring Commiss Fin			
11.	Tax filing requirement and elects to do so.		1					\$5.00 Added	<b>U</b> May Be ≀to Fees
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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

4/20/01

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