

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

**FILED**

DOCUMENT # **P99000038101**

02 APR 30 PM 3:29

1. Entity Name

DION CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1220 N. Market St.

3. Mailing Address  
1220 N. Market St.

Suite, Apt. #, etc.  
Suite 606

Suite, Apt. #, etc.  
Suite 606

City & State  
Wilmington, DE

City & State  
Wilmington, DE

Zip  
19801

Country  
USA

Zip  
19801

Country  
USA

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Florida Filing & Search Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1333 North Duval Street**

City **Tallahassee**

**FL**

Zip Code  
**32302**

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)

**4/18/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
**Director**  
**Marina Statcheevici**  
**Str. Zelinski Nr. 28, bl. 6,**  
**Ap. 9, Moldova, Chisinau**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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STREET ADDRESS  
CITY - ST - ZIP  
**300005307333--1**  
**-05/08/02--01057--030**  
**\*\*\*\*200.00 \*\*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**300005307333--1**  
**-04/19/02--01019--013**  
**\*\*\*\*450.00 \*\*\*\*150.00**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT 00-02**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Janet M. Caruccio**  
Auth. Rep.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

302-421-5752

Date

Daytime Phone #

CR2E0346 (12/01)