

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062312

1. Entity Name

DIEXSA CORP

Principal Place of Business

Mailing Address

1746 Kennedy Cswy
North Bay Village
Fl 33141

16909 N Bay Rd - # 410
North Miami Beach
Fl., 33160

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0935058

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

Mario Bluvol
16909 North By Rd - # 410
North Miami Beach, Fl 33160

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, Name, and Title 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 IN THE STATE OF FLORIDA
ANY MAY 1, 2000 FILING DEADLINE
Make sure it is available to the public

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
DPS
KIPNIS, HENRY
13 Marshall St
REVER MA 33156 ☐ Delete

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

TITLE
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CITY - ST - ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVTD
BLUVOL, MARIO
16909 N Bay Rd - # 410
N. Miami Beach, Fl 33160 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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☐ 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: X

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 046 ***150.00

DO NOT WRITE IN THIS SPACE