

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90217 040 \*\*\*150.00

**DOCUMENT # P99000064413**

1. Entity Name

**DIACOR MARKETING GROUP, INC.**

Principal Place of Business

Mailing Address

17420 NW 86TH AVE.  
 MIAMI LAKES FL 33015

17420 NW 86TH AVE.  
 MIAMI LAKES FL 33015-3509

2. Principal Place of Business

3. Mailing Address

15291 NW 60th AVE

15291 NW 60th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES, FL

Zip

Country

33014

USA

Zip

Country

33014

USA

4. FEI Number

65-0934569

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

DIAZ, MARTIZA M  
 17420 NW 86TH AVE.  
 MIAMI LAKES FL 33015

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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, MARTIZA	
STREET ADDRESS	17420 NW 86TH AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DE CORO, OFELIA	
STREET ADDRESS	17600 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

Date

Daytime Phone #

4/29/2000 (305) 556-1551

CR2E034 (9/99)