

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108631

1. Entity Name

D.I.A. MARKETING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90023 009 ***150.00

Principal Place of Business Mailing Address
1945 BISCAYNE BLVD., SUITE 410 1945 BISCAYNE BLVD., SUITE 410
FL 33180 MIAMI FL 33180

2. Principal Place of Business 3. Mailing Address
14001 NW 4TH STREET 14001 NW 4TH STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SUNRISE, FL SUNRISE, FL
Zip Country Zip Country
33325 USA 33325 USA

6. Name and Address of Current Registered Agent

BERMAN WOLFE RENNERT VOGEL & MANDLER PA
ATTN: LEON J. WOLFE, ESQ.
100 SE 2ND ST., S#3500 NATIONSBANK TOWER
MIAMI FL 33131

7. Name and Address of New Registered Agent

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIRECTOR-CEO-PRESIDENT ☐ Delete
ALAN LIPTON
14001 NW 4 STREET
SUNRISE, FL 33325
VICE PRESIDENT-CEO ☐ Delete
JEFFREY KORNBLUM
14001 NW 4 STREET
SUNRISE, FL 33325
TREASURER-CEO-ASST. GEN. ☐ Delete
AMERISH KORNBLUM
14001 NW 4 STREET
SUNRISE, FL 33325
SECRETARY ☐ Delete
SHARAE ALA SOLETA
14001 NW 4 STREET
SUNRISE, FL 33325

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (954) 835-2233
Date Daytime Phone #

CR2E034 (9/99)