

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108631

1. Entity Name

D.I.A. MARKETING, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90427 033 \*\*\*150.00

Principal Place of Business

14001 NW 4TH STREET  
FORT LAUDERDALE FL 33325

Mailing Address

14001 NW 4TH STREET  
FORT LAUDERDALE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LIPTON, ALAN	
STREET ADDRESS	14001 NW 14TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KORNBLUM, JEFFERY	
STREET ADDRESS	14001 NW 4 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KORNBLUM, AMCREST	
STREET ADDRESS	14001 NW 4TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNBLUM, Jeff	
STREET ADDRESS	14001 N.W. 4th Street	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ezekiel, Irene	
STREET ADDRESS	14001 N.W. 4th Street	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRASCAETA, GRACE	
STREET ADDRESS	14001 N.W. 4th Street	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kornblum, Armerisa	
STREET ADDRESS	14001 N.W. 4th Street	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kornblum, Jeff	
STREET ADDRESS	14001 N.W. 4th Street	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kornblum, Armerisa	
STREET ADDRESS	14001 N.W. 4th Street	
CITY-ST-ZIP	Sunrise, FL 33325	

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

Grace Arrascaeta, Secretary

Date

(954) 835-2233

Daytime Phone #

CR2E034 (10/00)