

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90139 007 ***150.00

DOCUMENT # S61183

1. Entity Name
DIVING TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business

**4574 N HIATUS RD
 SUNRISE FL 33351
 US**

Mailing Address

**C/O R. FELDMAN, ESQ
 300 SEVILLA AVE STE 305
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

3. Mailing Address

c/o R L Feldman, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8900 SW 107 Ave., Suite 203

City & State

City & State
Miami FL

4. FEI Number

65-0273324

Applied For

Not Applicable

Zip

Country

Zip
33176

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FELDMAN, ESQ, ROBERT L
 300 SEVILLA AVENUE
 SUITE 305
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **FELDMAN, ROBERT L**

Street Address (P.O. Box Number is Not Acceptable)
8900 SW 107 Ave

Suite 203

City **Miami**

FL Zip Code
33176

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 *Robert L. Feldman*
 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, 2002 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 **AS** ☐ Delete
 NAME **FELDMAN, ROBERT L**
 STREET ADDRESS **300 SEVILLA AVE STE 305**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P, T, S, D** ☐ Delete
 NAME **MOLA, RODOLFO**
 STREET ADDRESS **4574 N HIATUS RD**
 CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☒ Change ☐ Addition
 NAME **FELDMAN, ROBERT L**
 STREET ADDRESS **8900 SW 107 AVE STE 203**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **P, T, S, D** ☐ Change ☒ Addition
 NAME **MOLA, RODOLFO**
 STREET ADDRESS **4574 N. HIATUS RD**
 CITY-ST-ZIP **SUNRISE, FL 33351**

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

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

TITLE ☐ Change ☐ 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:

Robert L. Feldman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. FELDMAN 4/26/02

Date

954-748-4772
 Daytime Phone #

CR2E034 (9/01)