

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25037

1. Entity Name

DIASA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90261 001 ***150.00

Principal Place of Business

Mailing Address

1200 BRICKELL AVE
SUITE 1720
MIAMI FL 33131
US

1200 BRICKELL AVE
SUITE 1720
MIAMI FL 33131-3257
US

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 65-0327602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMAN, BRYAN
1200 BRICKELL AVE
SUITE 1720
MAIMI FL 33131

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	S	<input type="checkbox"/> Delete
NAME	BAUMAN, BRYAN W	
STREET ADDRESS	1200 BRICKELL AVE SUITE 1720	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	DR JAY SKYLER	
STREET ADDRESS	1500 NW 12TH AVE #1012E	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	WALLACE, MILTON J	
STREET ADDRESS	1200 BRICKELL AVE, SUITE 1720	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACNEIL, MALCOLM G	
STREET ADDRESS	9690 NW 41ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SHAPIRO, ARTHUR G	
STREET ADDRESS	3141 ROYAL PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES SIMMONS	
STREET ADDRESS	3646 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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 #

1/14/00 305-444-8881

CR2E034 (9/99)