

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90083 030 ***150.00

DOCUMENT # V29243

1. Entity Name
DIEREN CORP.

Principal Place of Business
 C/O JACK D. FINKELMAN, ESQUIRE
 1500 SAN REMO AVENUE, STE. 125
 CORAL GABLES FL 33146

Mailing Address
 C/O JACK D. FINKELMAN, ESQUIRE
 1500 SAN REMO AVENUE, STE. 125
 CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0594989

Applied For
 Not Applicable

Zip Country

Zip Country

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

STRANSKY, TOMAS
3692 NE 195 AVENUE
N. MIAMI BEACH FL 33180

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]* (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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BERMAN, GERY**
STREET ADDRESS **20323 W. COUNTRY CLUB DR.**
CITY-ST-ZIP **N. MIAMI BCH. FL 33180**

TITLE ☐ Change ☐ Addition
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **KATZ DE BERMAN, VOLGELTJE**
STREET ADDRESS **20323 W. COUNTRY CLUB DR. #7**
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE ☐ Change ☐ Addition
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BERMAN, JOSE DANIEL**
STREET ADDRESS **20323 W. COUNTRY CLUB DR. #7**
CITY-ST-ZIP **N. MIAMI BCH. FL 33180**

TITLE ☐ Change ☐ Addition
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DE STRANSKY, LILIANE**
STREET ADDRESS **3692 N.E. 195 AVENUE**
CITY-ST-ZIP **N. MIAMI BCH. FL 33180**

TITLE ☐ Change ☐ Addition
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2002
 Date Daytime Phone #

CR2E034 (9/01)