

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90049 047 ***150.00

DOCUMENT # 529206



1. Entity Name
DIVERSIFIED FLORIDA INVESTMENTS CORP.

Principal Place of Business
**P.O. BOX 11072
FT. LAUDERDALE FL 3339-072**

Mailing Address
**P.O. BOX 11072
FT. LAUDERDALE FL 3339-072**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1729392**

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

**O'CONNOR, KIERAN ESQ.
111 N ORANGE AVE
STE 1020
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ECHARTE, FELIPE J | |
| STREET ADDRESS | 2749 NE 18TH ST | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33305 | |
| TITLE | VAT | <input type="checkbox"/> Delete |
| NAME | ECHARTE, MARIA J | |
| STREET ADDRESS | 1411 SARRIA AVE. | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | ARELLANO, MARIA T | |
| STREET ADDRESS | 9050 HAMMOCK LAKE DR. | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ECHARTE, MIGUEL | |
| STREET ADDRESS | 325 GULF RD | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **Jan 15, 2003** **(954) 564-4410**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)