

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92174 021 ****55.00

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DOCUMENT # L99000003751

1. Entity Name

DIVERSIFIED INVESTMENT ASSOCIATES, L.L.C.



Principal Place of Business

Mailing Address

**2222 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES FL 33134**

**2222 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES FL 33134**

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 **65-0929071**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGO, RENE JR.
2222 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES FL 33134**

Name **JESUS RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
2222 PONCE DE LEON BLVD #302
City **CORAL GABLES** FL Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REALTY EQUITY INVESTMENT TRANSACTIONS INC.
2222 PONCE DE LEON BLVD - SUITE 302
CORAL GABLES FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JIMENEZ, MARIO
2103 CORAL WAY, SUITE 201
MIAMI FL 33145** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE: JESUS RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/03

305-444-8000

CR2E083 (10/02)