

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90063 024 ***150.00

DOCUMENT # P0100032201
 1. Entity Name

DIVERSIFIED INTERMODAL SERVICES INC.

Principal Place of Business: 11056 SW 143 AVE MIAMI FL 33186
 Mailing Address: SAME

659277

2. Principal Place of Business: Suite, Apt. #, etc. ▲
 City & State: ▲
 Zip: ▲
 Country: ▲

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 4 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
 Name: JOSEPH DASILVA
 Street Address (P.O. Box Number is Not Acceptable): 11056 SW 143 AVE
 City: MIAMI FL Zip Code: 33186

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] DATE: 4/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!!
 After MAY 15, 2001 Fee will be \$375.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

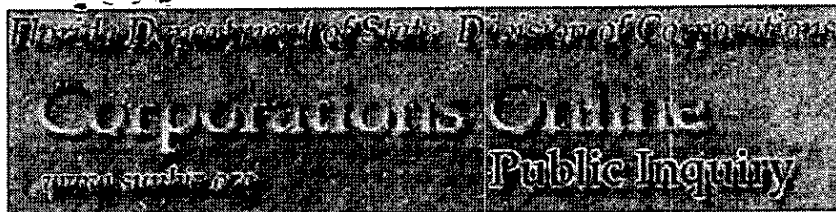
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: X DATE: 4/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)



Florida Profit

DIVERSIFIED INTERMODAL SERVICES, INC.

PRINCIPAL ADDRESS

2123 INTRACOSTAL SOUND DR E
JACKSONVILLE FL 33124

MAILING ADDRESS

2123 INTRACOSTAL SOUND DR E
JACKSONVILLE FL 33124

Document Number
P01000032261

State
FL

FEI Number
NONE

659277 Status
ACTIVE

Date Filed
03/29/2001

Effective Date
NONE

Registered Agent

Name & Address
BEARDSLEY, DALE A ESQ 12 E BAY ST JACKSONVILLE FL 32202-3427

Officer/Director Detail

Name & Address	Title
DASILVA, JOSEPH C 2123 INTRACOSTAL SOUND DR E JACKSONVILLE FL 33124	D

Annual Reports

Report Year	Filed Date	Intangible Tax
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