

2002 UNIFORM BUSINESS REPORT (UBR)

0331161 AV

DOCUMENT # **P94000067579**

1. Entity Name

DIVERSIFIED BUSINESS & MEDICAL SERVICES, INC.

FILED

02 DEC 30 2:11:00

SECRET OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1814 N. UNIVERSITY DR
MERCEDE EXECUTIVE PLAZA
PLANTATION FL 33322
US**

Mailing Address

**1814 N. UNIVERSITY DR
MERCEDE EXECUTIVE PLAZA
PLANTATION FL 33322
US**

2. Principal Place of Business

**1133 S. UNIVERSITY DR.
Suite, Apt. #, etc.
211**

3. Mailing Address

**1133 S. UNIVERSITY DR.
Suite, Apt. #, etc.
211**

City & State

PLANTATION FL.

City & State

PLANTATION FL.

4. FEI Number

65-0550344

Applied For

Not Applicable

Zip

33324

Country

US

Zip

33324

Country

U.S.

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

**LEVINE, MICHAEL E
633 NE 167TH STREET
SUITE 501
N. MIAMI BEACH FL 33162**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity subscribes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

MICHAEL LEVINE

12/26/02

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, 2002 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 NAME	PS TRUST, SONDR ☐ Delete
STREET ADDRESS CITY-ST-ZIP	1814 N. UNIVERSITY DR PLANTATION FL 33322
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	000009527960 12/16/02--01088--006--**750.00
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
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:

Sondra Trust

SONDRA TRUST

12/11/02

954-382-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)