

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000071532** ✓

1. Entity Name

Florida Diversified Inc.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90196 001 ****75.00

04-19-2000 90196 002 ****75.00

Principal Place of Business

Mailing Address

1500 NW 108th Ave Suite 235
Plantation FL 33322

2. Principal Place of Business

3. Mailing Address

1500 NW 108th Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#235

Same

City & State

City & State

Plantation FL

Same

Zip

Zip

Country

Country

33322

Same

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Barry Leibowitz

Name

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

City

FL

Zip Code

1500 NW 108th Ave

Suite 235

Plantation FL 33322

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, 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, 2000 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 **VP** ☐ Delete
NAME **Barry Leibowitz**
STREET ADDRESS **1500 NW 108th Ave Suite 235**
CITY-ST-ZIP **Plantation, FL 33322**

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

TITLE **Pres.** ☐ Delete
NAME **Michael Perden**
STREET ADDRESS **21664 SW 91st Terr**
CITY-ST-ZIP **Miami, FL 33176**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00

954 472-1676

CR2E034 (9/99)