

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

0541

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. **#235** Suite, Apt. #, etc. **Same**
 City & State **Plantation FL** City & State **Same**
 Zip **33322** Country Zip **Same** Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0307209** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Barry Leibowitz
1500 NW 108th Ave
Suite 235
Plantation FL 33322

7. Name and Address of New Registered Agent
 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.
 SIGNATURE *Barry Leibowitz* DATE 4/13/00
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!!! 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 <input type="checkbox"/> Delete	VP Barry Leibowitz 1500 NW 108th Ave Suite 235 Plantation, FL, 33322	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	Pres. Michael Perden 21664 SW 91st Terr Miami, FL, 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <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)(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: *Barry Leibowitz* DATE 4/13/00 DAYTIME PHONE # 954 472-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)