

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024265

1. Entity Name

RETAIL DIVERSIFIED INVESTORS CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90140 030 ***150.00

Principal Place of Business

4675 SW 74TH ST
 MIAMI FL 33143

Mailing Address

4675 SW 74TH ST
 MIAMI FL 33143-6271

2. Principal Place of Business

CASUARINA CONCOURSE
 Suite, Apt. #, etc.

3. Mailing Address

CASUARINA CONCOURSE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL
 Zip 33143 Country USA

City & State

CORAL GABLES FL
 Zip Country

4. FEI Number

65-0848196

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTAMKIN, ALAN H
 4675 SW 74TH ST.
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 CASUARINA CONCOURSE
 City CORAL GABLES FL Zip Code 33143

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	LEPLEY, RICK
STREET ADDRESS	4675 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33143
TITLE	VC <input type="checkbox"/> Delete
NAME	POTAMKIN, ROBERT M
STREET ADDRESS	4675 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33143
TITLE	CS <input type="checkbox"/> Delete
NAME	POTAMKIN, ALAN H
STREET ADDRESS	4675 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33143
TITLE	S <input type="checkbox"/> Delete
NAME	FARR, VERONICA
STREET ADDRESS	4675 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	SPIRO, KORNEL
STREET ADDRESS	4675 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	CONN, ROBERT
STREET ADDRESS	4675 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33143

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	CASUARINA CONCOURSE
CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

VERONICA FARR VERONICA FARR 4-26-00 305-665-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)