

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90177 021 ***150.00

DOCUMENT # 565095

Entity Name

DIVERSIFIED STEAM SERVICES OF AMERICA, INC.

Principal Place of Business

Mailing Address

**NW 181ST STREET
 FL 33169**

**1365 NW 181ST STREET
 MIAMI FL 33169-4141
 US**

80019330

2. Principal Place of Business

1180 N.W. 90 Terr

3. Mailing Address

1180 N.W. 90 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, Fl 33024

City & State

Pembroke Pines, Fa 33024

4. FEI Number

59-1796260

Applied For

Not Applicable

Zip

33024

Country

VBroward

Zip

33024

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KEHL, GEORGE L.
 1365 NW 181ST ST
 MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

KEHL, GEORGE L

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

1180 N.W. 90 TERR

City

PEMBROKE PINES

FL

Zip Code

33024

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

George L. Kehl PD

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-00

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	KEHL, GEORGE L.	
STREET ADDRESS	1365 NW 181ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEHL, GEORGE J	
STREET ADDRESS	18005 ALLISON PARK PLACE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, GEORGINA G	
STREET ADDRESS	14435 GHOST RIDER DR	
CITY-ST-ZIP	RENO NV 89511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHL, GEORGE L	
STREET ADDRESS	1180 N.W. 90 terr	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHL, GEORGE J	
STREET ADDRESS	5208 AVE MEDOC	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	ROBINSON, GEORGINA G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13320 FIELD CREEK LANE	
STREET ADDRESS	RENO NEVADA 89511	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

Dayin - Phone #

954-442-0477

CF E034 (9/99)