2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90007 042 ***150.00

DOCUMENT # F95000005091

1. Entity Name

DIVERSIFIED BENEFIT SERVICES, INC.

Principal Place of Business	Mailing Address
6043 KIMBERLY BLVD STE N NORTH LAUDERDALE FL 33068 US	6043 KIMBERLY BLVD STE N NORTH LAUDERDALE FL 33179-5036 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1814 NE 185th ST.	1814 NE. 185th ST.
Suite, Apt. #, etc. PMB 802	Suite, Apt. #, etc. PMB 802
City & State: No MIAMI Beach, Fl	City & State: No. MIAMI BEACH, FL
Zip: 33179 Country: MIAMI-DADE	Zip: 33179 Country: MIAMI-DADE

4. FEI Number 22-2978264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, FREDERIC J
6043 KIMBERLY BLVD #N
FT LAUDERDALE FL 35068

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 ______
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 NAME STREET ADDRESS CITY-ST-ZIP	PCD NEWMAN, FREDERIC J ~~6264 N.W. 102 WAY~~ 1814 NE 185th ST PMB 802 ~~PARKLAND FL~~ No MIAMI Beach FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEWMAN, DAVID A ~~6264 N.W. 102 WAY~~ 1814 NE 185th ST. PMB 802 ~~PARKLAND FL~~ No MIAMI Beach, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: ______ 4-27-00 305-940-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #