

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 013 ***150.00

DOCUMENT # F97000003483

1. Entity Name

DIPLOMATIC LANGUAGE SERVICES, INC.

Principal Place of Business

8240 NW 52ND TERR., STE. 418
 MIAMI FL 33166

Mailing Address

1117 N 19TH ST
 #800
 ARLINGTON VA 22209-1708
 US

2. Principal Place of Business

8525 NW 53RD TERR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Suite, Apt. #, etc.
 219

City & State
 MIAMI, FL

Zip
 33166

4. FEI Number

54-1432596

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, CRYSTAL M.
 18051 NW 68TH AVE, #K-201
 MIAMI FL 33015

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	CDPT	<input type="checkbox"/> Delete
NAME	RATLIFF, JOHN B III	
STREET ADDRESS	6435 WOODVILLE DR.	
CITY-ST-ZIP	FALLS CHURCH VA 22044	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RATLIFF, DIANE M	
STREET ADDRESS	6435 WOODVILLE DR.	
CITY-ST-ZIP	FALLS CHURCH VA 22044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *John B Ratliff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
 Date

703-243-4855
 Daytime Phone #