

(R)

1. Entity Name
DIVERSIFIED MERCHANTS, INC.

Principal Place of Business
4607 5481 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351
Mailing Address
4607 5481 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351

2. Principal Place of Business
4607 North University Ave
3. Mailing Address
same as 4607 North University Ave

City & State
Lauderhill Fl
City & State
Lauderhill Florida 33351

www.paces.com
A0071947
DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DECKER, DEBRA
8530 NW 53RD COURT
LAUDERHILL FL 33351

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: Debra Decker
Debra Decker
DATE: 7-20-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | VS FEDER, MATTHEW 8530 NW 53RD CT LAUDERHILL FL | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT DECKER, DEBRA 8089 NW 71ST CT. TAMARAC FL | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|--|--------|----------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | 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: [Signature] 720-2000 954 931-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
H90090
A0071947

7-25-2000
To: Dept. of State
Uniform Business Report
Div. of Corporations

Re: My document # H90090

Dear Sir:

Please be advised, that I originally sent in my report and \$150.00 check, before the deadline in May. Unfortunately, I forgot to sign the check, so you returned it to me.