

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 038 ***158.75

DOCUMENT # H90090
1. Entity Name
Diversified Merchants Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4607 N. University Drive
Suite, Apt. #, etc. _____

3. Mailing Address
4607 N. University Drive
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
Lauderhill Florida

City & State
Lauderhill Florida

Zip
33351 Country
Broward

Zip
33351 Country
Broward

4. FEI Number
59-271-6010

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Debra Decker

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

9702 NW 67th Street

City
TAMMOC FL Zip Code
33321

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>S+P = Debra Decker = P+S</u> <u>5401 N.W. 102nd Avenue</u> <u>Sunrise, FL 33351 #127</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V+T Jennika Decker = V+T</u> <u>5401 NW 102nd Avenue</u> <u>Sunrise, FL 33351 #127</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Decker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02 954-931-9801
Date Daytime Phone #

CR2E034B (12/01)