

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0128366 AV

DOCUMENT # J82484

1. Entity Name
DIVERSIFIED BRITISH, INC.

04-09-2002 91167 032 ***158.75

Principal Place of Business
**3420 SW 15 COURT
FORT LAUDERDALE FL 33312
US**

Mailing Address
**P O BOX 1871
DANIA FL 33004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
310 SIDNEY LANE

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort LAUDERDALE FL

City & State

4. FEI Number **65-0407018**

Applied For
Not Applicable

Zip
33312

Country
Broward

Zip
Country

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

6. Name and Address of Current Registered Agent

**BARR QUINTANO, HELEN
3420 SW 15TH CT
FT LAUDERDALE FL 33312**

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 **H Barr**

4/1/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BARR, HELEN O	
STREET ADDRESS	3420 SW 15TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTANO, JAMES L	
STREET ADDRESS	3420 SW 15 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, HELEN O	
STREET ADDRESS	310 SIDNEY LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANO, JAMES L	
STREET ADDRESS	109 ROYAL PARK DRIVE #3H	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINTANO, KYLE A	
STREET ADDRESS	111 ROYAL PARK DRIVE #3A	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
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: **H Barr** **HELEN BARR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 954

Date

Daytime Phone #

CR2E034 (9/01)