

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90067 041 ***150.00

DOCUMENT # K79094

1. Entity Name

D M DIVERSIFIED, INC.

Principal Place of Business

**3081 N. DIXIE HWY
POMPANO BEACH FL 33064**

Mailing Address

**3081 N. DIXIE HWY
POMPANO BEACH FL 33064**

CHANGE OF ADDRESS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 SAMPLE ROAD

3. Mailing Address

750 SAMPLE ROAD

Suite, Apt. #, etc.

BLG #6 BAY #8

Suite, Apt. #, etc.

BLG #6 BAY #8

City & State

POMPANO BEACH FL.

City & State

POMPANO BEACH FL.

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0113696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, PHILIP M., ESQ.

2424 NE 22ND ST

POMPANO BEACH FL 33062

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, 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 **PSD** ☐ Delete
NAME **MINOTTI, DAVID**
STREET ADDRESS **8314 NW 52 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

DAVID MINOTTI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02
Date

954-941-8877
Daytime Phone #

CR2E034 (9/01)