

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90256 029 ****50.00

DOCUMENT # L00000010390

1. Entity Name

DIVERSIFIED IMPORTS LLC

Principal Place of Business

**129 E. DAVIS BLVD., APT. B
TAMPA FL 33606**

Mailing Address

**129 E. DAVIS BLVD., APT. B
TAMPA FL 33606**

905622

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

U.S.A

3. Mailing Address

129 EAST DAVIS BLVD APT# B

Suite, Apt. #, etc.

APT#B

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3679975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANK DIETZE
129 E. DAVIS BLVD., APT. B
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **"Same as above"**

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

Frank Dietze
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 8, 2002
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DIETZE, FRANK**
STREET ADDRESS **129 E. DAVIS BLVD., APT. B**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **MGRM** ☐ Delete
NAME **DIETZE, MICHAEL**
STREET ADDRESS **129 E. DAVIS BLVD., APT. B**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/02
Date

(813) 258-1936
Daytime Phone #

CR2E083 (9/01)