MAY 10 '02 02:37PM BROAD AND CASSEL .2

L00000014564

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014564

1. Entity Name

DIVERSIFIED CAPITAL-HIALEAH, LLC

FILED
02 MAY 10 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1125 Ocean Avenue Suite, Apt. #, etc.	1125 Ocean Avenue Suite, Apt. #, etc.
City & State: Lakewood, NJ	City & State: Lakewood, NJ
Zip: 08701 Country: U. S.	Zip: 08701 Country: U.S.

4. FEI Number: 58-2584996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID J. POWERS, P.A.

Street Address (P.O. Box Number is Not Acceptable): 7777 Glades Road

Suite 300

City: Boca Raton FL Zip Code: 33434

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.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

700005609537--8
-05/24/02--01012--022
*****55.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Joseph Rosenbaum 500 - 2nd Street Lakewood, NJ 08701	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700005609537--8 -05/24/02--01012--022 *****55.00 *****55.00
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CR2E083B (12/01)

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: David J. Powers, as Authorized Agent of Joseph Rosenbaum,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/10/02
Date

(561) 483-7000
Daytime Phone #