

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/24/2003-90046-037-\$50.00-\$50.00

DOCUMENT # L02000015618

1. Entity Name

DIVERSIFIED REAL PROPERTY SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 1:14

16/24

Principal Place of Business

Mailing Address

888 S. ANDREWS AVE.
SUITE 201A
FT. LAUDERDALE FL 33316

888 S. ANDREWS AVE.
SUITE 201A
FT. LAUDERDALE FL 33316

2. Principal Place of Business

405 N. OCEAN BLVD #507

3. Mailing Address

405 N. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#507

City & State

Pompano Beach, FL

City & State

Pompano Beach FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

36-4500196

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FILING INC.

3732 NORTHWEST 16TH STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

JEFF PARADY

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

405 N. OCEAN BLVD #507

City

Pompano Beach

FL

Zip Code

33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agents signature required when reinstating)

10-4-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PARADY, JEFF ☒ Delete
STREET ADDRESS 888 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE MGRM
NAME PARADY, JEFF ☐ Delete
STREET ADDRESS 405 N. OCEAN BLVD. #507
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE MGRM
NAME NIKOLOPOULOS, CHRIS ☐ Delete
STREET ADDRESS 405 N. OCEAN BLVD. #507
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED

9-12-03

Date

954-709-7778

Daytime Phone #