FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 07, 2001 8:00 am Secretary of State **DOCUMENT # L05434** 1. Entity Name DIVERSE MANAGEMENT, INC. 04-07-2001 90021 023 ***150.00 Principal Place of Business Mailing Address 2108 N. FED HWY 2108 N. FED HWY **BOCA RATON FL 33431 BOCA RATON FL 33431** DUU404/0 US DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0134547 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent -CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete Change TITLE TITLE ISEN BRADFORD GEISEN, BRADFORD R. 200 N. FEDERAL HWY STE 207 NAME NAME 2108 N. FED HWY STREET ADDRESS STREET ADDRESS BOCA RATON, Fl. 33431 **BOCA RATON FL 33431** CITY-ST-7iP CITY-ST-ZIP SVP Addition TITLE ☐ Delete TITLE **Z** Change SULLIVAN, GREGORY M. NAME NAME OON. FEOERAL HWY STE 203 2108 N. FED HWY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP CA BATON, Fl. ☐ Delete Addition TITLE TITLE Change MUTTILLO, DOMINIC A. HUTILLO, DOMINIC NAME NAME HWY STE 203 2108 N. FED HWY STREET ADDRESS STREET ADDRESS EDERAL **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition N/ME STREET ADDRESS 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