

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90040 030 ***150.00

DOCUMENT # L47478

1. Entity Name

DIVERSIFIED COMMUNICATIONS SERVICES, INC.

Principal Place of Business

**1201 SW 123RD AVE
PEMBROKE PINES FL 33025
US**

Mailing Address

**P.O. BOX 22-2311
HOLLYWOOD FL 33022
US**

2. Principal Place of Business

3. Mailing Address

1201 SW 123 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

Country

Zip

Country

33025

USA

4. FEI Number

65-0176215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TISON-ROSSMAN, JOANNE P.

1501 SW 123RD AVE

PEMBROKE PINES FL 33025

Name

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

1201 SW 123 Ave.

Pembroke Pines

City

FL

Zip Code

33025

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

Joanne Tison-Rossman

3-16-02

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. ☐ 1
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO** ☐ Delete
NAME **TISON-ROSSMAN, JOANNE P**
STREET ADDRESS **1201 SW 123 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne Tison-Rossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-02 (954) 438-8101

Date

Daytime Phone #

CR2E034 (9/01)