## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **L74770** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** DIVERSIFIED ADMINISTRATORS, INC. 03-03-2000 90030 035 \*\*\*150.00 Principal Place of Business Mailing Address 5775 BLUE LAGOON DRIVE 5775 NW BLUE LAGOON DR. SUITE 400 MIAMI FL 33126-2034 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0225781 Not Applicable Zip 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 SHUE, HENRY C. TIE Street Address (P.O. Box Number is Not Acceptable) **5775 BLUE LAGOON DRIVE** STE. 400 MIAMI FL 33126 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VCD** VCD X Change ☐ Addition TITLE TITLE ☐ Delete MARKE Levine, Howard NAME STREET ADDRESS STREET ADDRESS 5775 Blue Lagoon Dr., Suite 400 5775 BLUE LAGOON DR SUITE 200 CITY-ST-ZIP CITY-ST-ZIP Miami. FL\_33126 MIAMI FL 33126 **★** Change Addition DCE0 Delete TITLE **DPCEO** TITLE NAME SHAPIRO, STANLEY NAME Shapiro, Stanley I. STREET ADDRESS STREET ADDRESS 5775 BLUE LAGOON DR #400 5775 Blue Lagoon Dr., Suite 400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Miami. FL 33126 Change ☐ Addition CD Delete TITLE TITLE NAME NAME TIE SHUE, HENRY STREET ADDRESS STREET ADDRESS 5775 BLUE LAGOON DR #400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 **X**Change Addition ☐ Delete TITLE TITLE Berman, Marla I. Berman, Maria I. NAME NAME 5775 Blue Lagoon Dr., Suite 400 STREET ADDRESS STREET ADDRESS 5775 BLUE LAGOON DR SUITE 400 CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33126</u> **MIAMI FL 33126** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME GORMAN, MICHAEL A. STREET ADDRESS STREET ADDRESS **50 KENNEDY PLAZA** CITY-ST-ZIP CITY-ST-ZIP PROVIDENCE RI 02903 Change ☐ Addition ☐ Delete TITLE TITLE NAME HILINSKI, SCOTT F. NAME STREET ADDRESS STREET ADDRESS **50 KENNEDY PLAZA** CITY-ST-ZIP PROVIDENCE RI 02903

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:

ELAND TIPED OF STRIKETUNIAME OF SIGNING PREOGRED TO BEAUTION & CEO

205-262-1333

Daytime Phone #

Attachment C0024516 # L74770

## 12. Additions/Changes to Officers and Directors in 11

Title:

D

Name:

Breier, Robert G.

Street Address:

2800 Ponce De Leon Blvd., Suite 1125

City-ST-ZIP:

Coral Gables, FL. 33134-6912