

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92000000068

1. Entity Name
DIVERSIFIED REAL ESTATE HOLDINGS, A LIMITED LIAB

Principal Place of Business

801 UNO LAGO DR.
JUNO BEACH FL 33408
0

Mailing Address

801 UNO LAGO DR.
JUNO BEACH FL 33408
0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0390884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAZIOTTO, RAYMOND E
12428 COCONUT ROW
PALM BEACH GARDENS FL 33410

Name

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

19651 N. Riverside DR

City

TEQUESTA

FL

Zip Code

33469

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MAN GRAZIOTTO, RAYMOND E
STREET ADDRESS 12428 COCONUT ROW
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE NAME
19651 N. Riverside DR ☒ Change ☐ Addition
STREET ADDRESS TEQUESTA FL 33469
CITY-ST-ZIP

TITLE NAME
MAN GRAZIOTTO, PETER E
STREET ADDRESS 137 HIDDEN VALLEY RD
CITY-ST-ZIP MCMURRAY PA 15317 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400004084544-4
-04/27/01--01040--021
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: William E. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-17-2001
Date

561-625-9443
Daytime Phone #

CR2E083 (11/00)