

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025794 AF

DOCUMENT # L99000002468

1. Entity Name

DIVERSIFIED EUROPEAN HOLDINGS LLC

FILED

01 APR 25 AM 7:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801

Mailing Address

1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801



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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

Name

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

City

FL

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

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 MGR ☐ Delete  
NAME STERLING MANAGERS LIMITED  
STREET ADDRESS P.O. BOX 362 ROAD TOWN TORTOLA  
CITY-ST-ZIP BVI

TITLE ☐ Change ☐ Addition  
NAME 300004162719-2  
STREET ADDRESS -05/08/01--01038--001  
CITY-ST-ZIP \*\*\*2950.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME MANHATTAN MANAGEMENT COMPANY LIMITED  
STREET ADDRESS THE HALLMARK BLDG. STE 227 OLD AIRPORT RD  
CITY-ST-ZIP THE VALLEY ANGUILA BVI

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

Date

Daytime Phone #

CR2E083 (11/00)