

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003751

1. Entity Name

DIVERSIFIED INVESTMENT ASSOCIATES, L.L.C.

Principal Place of Business

269 GIRALDA AVENUE, SUITE 303  
CORAL GABLES FL 33134

Mailing Address

269 GIRALDA AVENUE, SUITE 303  
CORAL GABLES FL 33145-2660

2. Principal Place of Business

2103 Coral Way

Suite, Apt. #, etc.

201

City & State

Miami FL

Zip

33145

Country

US

3. Mailing Address

2103 Coral Way

Suite, Apt. #, etc.

201

City & State

Miami FL

Zip

33145

Country

US

4. FEI Number

65-0929071

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

000090260888--9

-05/19/00--01140--021

\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE<br>NAME  | MGR<br>MENENDEZ, AUGUSTO JR.     | <input type="checkbox"/> Delete |
| STREET ADDRESS | 269 GIRALDA AVENUE, SUITE 303    |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33134            |                                 |
| TITLE<br>NAME  | MGR<br>FERNANDEZ, FRANCISCO      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 269 GIRALDA AVENUE, SUITE 303    |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33134            |                                 |
| TITLE<br>NAME  | MGR<br>JIMENEZ, MARIO            | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2307 S.W. 37TH AVENUE, SUITE 401 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145                   |                                 |
| TITLE<br>NAME  | MGR<br>JIMENEZ, BERTHA           | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2307 S.W. 37TH AVENUE, SUITE 401 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145                   |                                 |
| TITLE<br>NAME  |                                  | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE<br>NAME  |                                  | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

10. ADDITIONS/CHANGES

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  | MGR<br>Menendez, Augusto JR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2103 Coral Way Suite 201     |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33145              |                                                                              |
| TITLE<br>NAME  | MGR<br>Fernandez, Francisco  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2103 Coral Way Suite 201     |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33145              |                                                                              |
| TITLE<br>NAME  | MGR<br>Jimenez, Mario        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2103 Coral Way Suite 201     |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33145              |                                                                              |
| TITLE<br>NAME  | MGR<br>Jimenez, Bertha M     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2103 Coral Way Suite 201     |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33145              |                                                                              |
| TITLE<br>NAME  | MGR<br>DAGO, RENE JR.        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2103 CORAL WAY SUITE 201     |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33145               |                                                                              |
| TITLE<br>NAME  |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                              |                                                                              |
| 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 OR MANAGER

APRIL 28/2000 (305) 858-6233

Date

Daytime Phone #

CR2E083 (9/99)