

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 023 ****55.00

DOCUMENT # L99000003751

1. Entity Name

DIVERSIFIED INVESTMENT ASSOCIATES, L.L.C.

Principal Place of Business

**2103 CORAL WAY, SUITE 201
MIAMI FL 33145**

Mailing Address

**2103 CORAL WAY, SUITE 201
MIAMI FL 33145**

2. Principal Place of Business

2222 Ponce de Leon Blvd

3. Mailing Address

2222 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.
Suite 302

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
Dade

Zip
33134

Country
Dade

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

**ACCORDINO, CARMEN A
2103 CORAL WAY, STE. 201
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Rene Dago, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd

City
Coral Gables

FL

Zip Code
33134

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REALTY EQUITY INVESTMENT TRANSACTIONS INC.
2103 CORAL WAY, SUITE 201
MIAMI FL 33145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JIMENEZ, MARIO
2103 CORAL WAY, SUITE 201
MIAMI FL 33145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Realty Equity Investment Transaction
Inc.
2222 Ponce de Leon Blvd Ste 302
Coral Gables, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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)(f), 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 (001)