

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005033

1. Entity Name

DIVERSIFIED GROUP INTERNATIONAL, L.C.

FILED

00 JAN 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11907 SW 12TH STREET
PEMBROKE PINES FL 33025

Mailing Address

PERSONAL MAIL BOX 250
320 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027-1770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Petra Johnson

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

11907 SW 12 ST

PEMBROKE PINES

City

FL

Zip Code
33025

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

Petra Johnson

(NOTE: Registered Agent signature required when reinstating)

1-6-00

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 JOHNSON, PETRA
STREET ADDRESS PERSONAL MAIL BOX 250 320 S FLAMINGO RD
CITY- ST- ZIP PEMBROKE PINES FL 33025

TITLE MGR ☒ Change ☐ Addition
NAME JOHNSON, PETRA
STREET ADDRESS 11907 SW 12 ST
CITY- ST- ZIP PEMBROKE PINES FL 33025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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

1-6-00

Date

Daytime Phone #

(954) 683-1549