

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15533

1. Entity Name

DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90053 039 \*\*\*158.75

Principal Place of Business

Mailing Address

3840 NW 187TH ST.  
 CAROL CITY FL 33055  
 US

3840 NW 187TH ST.  
 CAROL CITY FL 33055-2855  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2561651**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, LEROY, SR.  
 3840 N.W. 187TH STREET  
 MIAMI FL 33055

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **THOMPSON, LEROY**  
 STREET ADDRESS **3840 NW 187TH ST.**  
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **M** ☐ Delete  
 NAME **EDWARDS, THELMA**  
 STREET ADDRESS **2450 N. W. 141 ST.**  
 CITY-ST-ZIP **OPALOCKA FL 33054**

TITLE **M** ☐ Delete  
 NAME **RODDY, DAVID B**  
 STREET ADDRESS **18740 NW 41 AVE**  
 CITY-ST-ZIP **CAROL CITY FL**

TITLE **M** ☐ Delete  
 NAME **THOMPSON, LILLIE M**  
 STREET ADDRESS **3840 NW 187 ST**  
 CITY-ST-ZIP **CAROL CITY FL**

TITLE **M** ☐ Delete  
 NAME **MOORE, ALICE**  
 STREET ADDRESS **8503 N.W. 22 AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **M** ☐ Delete  
 NAME **DILLARD, JOHN**  
 STREET ADDRESS **1885 NW 55TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **SAMUEL LINDA**  
 STREET ADDRESS **1211 SUSAN ST.**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **M** ☐ Change ☒ Addition  
 NAME **Eugene ONLIT**  
 STREET ADDRESS **1940 N.W. 154 ST.**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **M** ☐ Change ☒ Addition  
 NAME **Ebenzer C Edwards**  
 STREET ADDRESS **17301 N.W. 20 ST.**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **M** ☐ Change ☒ Addition  
 NAME **PATRICIA LINDA**  
 STREET ADDRESS **1211 SUSAN ST**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **M** ☐ Change ☒ Addition  
 NAME **LUCINDA ONLIT**  
 STREET ADDRESS **1961 N.W. 153 ST**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZ 13024 (11/99)