

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91701 020 ***158.75

DOCUMENT # M15533

1. Entity Name
DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION

Principal Place of Business

3840 NW 187TH ST.
CAROL CITY FL 33055
US

Mailing Address

3840 NW 187TH ST.
CAROL CITY FL 33055
US

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 **59-2561651**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 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

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

Name **Lillie Thompson**

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

3840 N.W. 187 ST.
Carol City, FL 33055

City **FL** Zip Code **33055**

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 **Lillie Thompson (President)** DATE **4-20-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | THOMPSON, LEROY | |
| STREET ADDRESS | 3840 NW 187TH ST. | |
| CITY-ST-ZIP | CAROL CITY FL 33055 | Deceased Sept 29 - 01 |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | EDWARDS, THELMA | |
| STREET ADDRESS | 2450 N. W. 141 ST. | |
| CITY-ST-ZIP | OPALOCKA FL 33054 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | RODDY, DAVID B | |
| STREET ADDRESS | 18740 NW 41 AVE | |
| CITY-ST-ZIP | CAROL CITY FL | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | THOMPSON, LILLIE M, President | |
| STREET ADDRESS | 3840 NW 187 ST | |
| CITY-ST-ZIP | CAROL CITY FL | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | MOORE, ALICE | |
| STREET ADDRESS | 8503 N.W. 22 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | DILLARD, JOHN | |
| STREET ADDRESS | 1885 NW 55TH ST | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|----------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAMUEL LINER | |
| STREET ADDRESS | 1211 SESAME ST | |
| CITY-ST-ZIP | OPA-LOCKA FL 33054 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PATRICIA LINER | |
| STREET ADDRESS | 1211 SESAME ST | |
| CITY-ST-ZIP | OPA-LOCKA FL 33054 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EUGENE ONEIL | |
| STREET ADDRESS | 1970 N.W. 154th ST. | |
| CITY-ST-ZIP | OPA-LOCKA FL 33054 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ebenezzer Edwards | |
| STREET ADDRESS | 17301 N.W. 20 AVE | |
| CITY-ST-ZIP | MIAMI FL 33056 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Johnny ORR | |
| STREET ADDRESS | 15241 Railroad DR | |
| CITY-ST-ZIP | OPA-LOCKA FL 33054 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charles Harris | |
| STREET ADDRESS | 2020 N.W. 175 ST | |
| CITY-ST-ZIP | OPA-LOCKA FL 33056 | |

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: **Lillie M. Thompson** **Lillie Thompson** 305-625-3160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4-20-02** Daytime Phone #

CR2E034 (9/01)