

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90236 023 ***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		04172004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2561651	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent. THOMPSON, LILLIE S 3840 NW 187 ST CAROL CITY, FL 33055			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Lillie Thompson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <i>April 29, 2004</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINCE, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINCE Samuel 1211 Sesame St OPA-LOCKA FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LINER, PATRICIA 1211 SESAME ST OPALOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edwards Ebonizer 17301 N.W. 20 ST OPA-LOCKA FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ONEIL, EUGENE 1970 NW 154TH ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thompson Lillie 3840 N.W. 187 ST Carol City FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roddy David 1211 Sesame St OPA-LOCKA FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones Al Fred 18520 N.W. 23 AVE Miami FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HARRIS, CHARLES 2020 N. W 175ST OPA LOCKA, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dillard John 1885 N.W. 55th ST Miami FL 33055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Samuel Lince</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4-29-04</i> Daytime Phone #: <i>305-683-2606</i>		

66420797



2004 FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

66420797

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	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, LILLIE S 3840 NW 187 ST CAROL CITY, FL 33055			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Lillie Thompson</i></u> DATE: <u>April 29, 2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDE, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete TITLE M ROBINSON, S. GEORGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS 831 N.W. 179 ST CITY-ST-ZIP Miami FL 33179			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LINER, PATRICIA 1211 SESAME ST OPALOCKA, FL 33054	<input type="checkbox"/> Delete TITLE M ONEIL, LUCINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS 1961 N.W. 153 RD ST CITY-ST-ZIP OPA - LOCKA FL 33054			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ONEIL, EUGENE 1970 NW 15TH ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete TITLE M ANGELA THOMPSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS 3840 N.W. 187 ST CITY-ST-ZIP CAROL CITY FL 33054			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054	<input type="checkbox"/> Delete TITLE M Thelma Edwards <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS 2450 N.W. 141th ST CITY-ST-ZIP OPA - LOCKA FL 33054			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054	<input type="checkbox"/> Delete TITLE M Lillie Thompson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS 3840 NW 187 ST CITY-ST-ZIP CAROL CITY, FL 33055			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HARRIS, CHARLES 2020 N. W 175ST OPA LOCKA, FL 33056	<input type="checkbox"/> Delete TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Samuel Linde</i></u>			4-29-04 Date Daytime Phone #		