


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90468 013 ***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 <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
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="display: flex; justify-content: space-between;"> 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: <i>Lillie Thompson</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE: <i>Apr. 26, 2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	VD LINDER LINDER, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Robinson, George <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 831 N.W. 179th St Miami FL 33055		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EDWARDS, EBENEZER 17301 NW 20ST OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M O'Neil, Eugene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1976 N.W. 154th St OPA-LOCKA FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMPSON, LILLIE 3840 NW 187ST OPA LOCKA, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Harris, Charlie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2020 N.W. 175th St OPA-LOCKA FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RODDY, DAVID 1211 SEASAME STREET OPA LOCKA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORR, JOHNNY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15241 Railroad DR. OPA-LOCKA FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, ALFRED 18520 NW 23 AVE MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M The MA Edwards <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2450 N.W. 147 St OPA-LOCKA FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DILLARD, John <input type="checkbox"/> Delete 1885 NW 55TH STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M O'Neil Lucinda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1961 N.W. 153 St OPA-LOCKA FL 33054		
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 Linder</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4-26-05</i> Daytime Phone #: <i>305-685-2698</i>		

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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

40072838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2561651

Applied For

Not Applicable

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, LILLIE S
3840 NW 187 ST
CAROL CITY, 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME VD Liner
LINC, SAMUEL
STREET ADDRESS 1211 SESAME ST
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Delete

TITLE
NAME M LINER Patricia
STREET ADDRESS 1211 SESAME ST
CITY-ST-ZIP OPA - LOCKA FL 33054 ☐ Change ☒ Addition

TITLE
NAME M
EDWARDS, EBENEZER
STREET ADDRESS 17301 NW 20ST
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Delete

TITLE
NAME M
STREET ADDRESS Thompson, Angela
CITY-ST-ZIP 3840 N.W. 187 ST.
CAROL CITY, FL 33055 ☐ Change ☒ Addition

TITLE
NAME M
THOMPSON, LILLIE
STREET ADDRESS 3840 NW 187ST
CITY-ST-ZIP OPA LOCKA, FL 33055 ☐ Delete

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

TITLE
NAME M
RODDY, DAVID
STREET ADDRESS 1211 SEASAME STREET
CITY-ST-ZIP OPA LOCKA, FL ☐ Delete

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

TITLE
NAME M
JONES, ALFRED
STREET ADDRESS 18520 NW 23 AVE
CITY-ST-ZIP MIAMI, FL 33055 ☐ Delete

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #