


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90003 021 ***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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State 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			07312008 Chg-P CR2E034 (12/06)		
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 S Thompson</i> DATE 8-11-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINER, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE <i>M</i> NAME <i>ROBINSON, George</i> STREET ADDRESS <i>831 N.W. 178 ST</i> CITY-ST-ZIP <i>MIAMI FL 33169</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EDWARDS, EBENEZER 17301 NW 20ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE <i>M</i> NAME <i>Harris, Charlie</i> STREET ADDRESS <i>1211 Sesame St</i> CITY-ST-ZIP <i>OPA Locka FL 33054</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMPSON, LILLIE 3840 NW 187ST OPA LOCKA, FL 33055	<input type="checkbox"/> Delete	TITLE <i>M</i> NAME <i>Ortiz Lucinda</i> STREET ADDRESS <i>1961 N.W. 153rd St</i> CITY-ST-ZIP <i>Miami Garden FL 33054</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RODDY, DAVID 1211 SEASAME STREET OPA LOCKA, FL	<input type="checkbox"/> Delete	TITLE <i>M</i> NAME <i>ORR, Johnny</i> STREET ADDRESS <i>15241 Railroad Dr.</i> CITY-ST-ZIP <i>Miami Garden FL 33054</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, ALFRED 18520 NW 23 AVE MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE <i>M</i> NAME <i>Edwards, Thema</i> STREET ADDRESS <i>1450 N.W. 147 St.</i> CITY-ST-ZIP <i>Miami Garden FL 33054</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DILLARD, JONA 1885 NW 55TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE <i>M</i> NAME <i>Dillard, John</i> STREET ADDRESS <i>1885 N.W. 55th St.</i> CITY-ST-ZIP <i>Miami FL</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Liner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>VP</i> 305-685-2604 <small>Daytime Phone #</small>		

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M15533



1. Entity Name
DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION

ATTACHMENT

Principal Place of Business
**3840 NW 187TH ST.
CAROL CITY, FL 33055 US**

Mailing Address
**3840 NW 187TH ST.
CAROL CITY, FL 33055 US**

40113413

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

07312008 Chg-P CR2E034 (12/06)

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, 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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
LINER, SAMUEL
1211 SESAME ST
OPA LOCKA, FL 33054**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**M PATRICIA LINER
1211 SESAME ST
OPA-LOCKA, FL 33054**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**M
EDWARDS, EBENEZER
17301 NW 20ST
OPA LOCKA, FL 33054**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**M
THOMPSON, LILLIE
3840 NW 187ST
OPA LOCKA, FL 33055**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**M
RODDY, DAVID
1211 SEASAME STREET
OPA LOCKA, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**M
JONES, ALFRED
18520 NW 23 AVE
MIAMI, FL 33055**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**M
DILLARD, JONA
1885 NW 55TH STREET
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 exemptions contained in Chapter 119, 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 #