FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 14, 2003 8:00 am Secretary of State M18472 DOCUMENT # 04-14-2003 90025 016 ***150.00 1. Entity Name DIVERSIFIED FIRE PROTECTION, INC. Principal Place of Business Mailing Address 1 SE 3RD AVENUE, 27TH 1 SE 3RD AVENUE. 27TH C/O RICHARD MILSTEIN C/O RICHARD MILSTEIN **MIAMI FL 33131** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2561749 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILSTEIN, RICHARD C ESQ Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVE 27TH FLOOR MIAMI: FL 33131 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) Addition ☐ Change TITLE ☐ Delete TITLE HOWARD, LISE M. NAME NAME 12345 S.W. 97 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition TITI F ☐ Delete TITLE ☐ Change NAME HOWARD, ROBERT W. NAME STREET ADDRESS 12345 S.W. 97 CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE □ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

address, with all other like empowered



Boca Raton Fort Lauderdale Jacksonville Miami Orlando Tallahassee Tampa West Palm Beach One Southeast Third Avenue 28th Floor Miami, Florida 33131-1714

www.akerman.com

305 374 5600 tel 305 374 5095 fax

April 10, 2003

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: DIVERSIFIED FIRE PROTECTION, INC.

Dear Sir/Madam:

Enclosed please find the original executed 2003 Uniform Business Report, together with a check made payable to the order of the Secretary of State of Florida, in the sum of \$150.00, covering the filing fee for the above referenced corporation. Please file the enclosed report at your earliest possible convenience.

Thank you for your cooperation in this regard.

: Sincerely yours; --

Richard C. Milstein

KERMAN, SENTERFITI

RCM/mdb Enclosures