

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90149 050 ***150.00

DOCUMENT # M23114

1. Entity Name
DIVERSIFIED EQUITY MANAGEMENT CORPORATION, INC.



Principal Place of Business
3130 MILLWOOD TERRACE
SUITE 212
BOCA RATON FL 33431
US

Mailing Address
3130 MILLWOOD TERRACE
SUITE 212
BOCA RATON FL 33431
US

2. Principal Place of Business
7900 SW 77 Ave.
Suite, Apt. #, etc.

3. Mailing Address
7900 SW 77 Ave.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami, FL

City & State

Miami, FL

4. FEE Number
59-2622706

Applied For
Not Applicable

Zip
33143

Country
U.S.A.

Zip
33143

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RYALS, W. GLENN
3130 MILLWOOD TERRACE
#212
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Ryals, W. Glenn
Street Address (P.O. Box Number is Not Acceptable)
7900 SW 77 Ave
City
Miami, FL
Zip Code
33143

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)

3/9/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RYALS, W. GLENN
3130 MILLWOOD TER #212
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied in 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 another I am empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/03
DATE

305-275-8547
Daytime Phone #

CR2E034 (10/02)