

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005702

1. Entity Name

DIVERSIFIED COMMUNITY AND SOCIAL SERVICES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90004 004 ****70.00

Principal Place of Business

401 NW 56TH AVE.
MIAMI FL 33126

Mailing Address

401 NW 56TH AVE.
MIAMI FL 33126

2. Principal Place of Business

2140 West Flagler St.
Suite, Apt. #, etc.

3. Mailing Address

401 N.W. 56 Ave.
Suite, Apt. #, etc.

106

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

6650954144

Applied For

Not Applicable

Zip
33135

Country
USA

Zip
33126

Country
USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THOMEN, AURORA A
401 NW 56TH AVE.
MIAMI FL 33126

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.

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 \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D. MILAGROS, L. LOPEZ
401 NW 56 Ave. Miami, Fl. 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D. ADALINA, REUTLINGER-MILLET
571 S.W. Central Blvd. Miami, Fl. 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D. FEDERICO, S. THOMEN
401 N.W. 56 Ave. Miami, Fl. 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D. AURORA A. THOMEN
401 N.W. 56 Ave. Miami, Fl. 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D. MAYDELIN RODRIGUEZ
5730 SW 116 Ave. Miami, Fl. 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D. JOSEFCOTUYA
201 SW 21 Ave. Apt#6 Miami, Fl. 33135

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 617, 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:

AURORA A. THOMEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2000 (305) 263-9338

Date

Daytime Phone #

CR2E037 (5/00)