

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0037761

DOCUMENT # N99000005702

1. Entity Name

DIVERSIFIED COMMUNITY AND SOCIAL SERVICES, INC.

03-19-2001 90496 012 ****70.00

Principal Place of Business

Mailing Address

**2140 WEST FLAGLER ST
 106
 MIAMI FL 33135**

**401 N. W. 56 AVE
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

401 N.W. 56 AVE

401 N.W. 56th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(Home)

(Home)

City & State

City & State

MIAMI FLORIDA

MIAMI FLORIDA

Zip

Country

Zip

Country

33126 U.S.A

33126 U.S.A

4. FEI Number

65-0954144

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

AURORA THOMEN

Aurora Thomen

03/06/2001

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MILAGROS L 401 NW 56 AVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLET, ADALINA R 571 SW CENTRAL BLVD MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMEN, FEDERICO S 401 NW 56 AVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMEN, AURORA A 401 NW 56 AVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MAYDELIN 5730 SW 116 AVE MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTUYA, JOSE 201 SW 21 AVE #6 MIAMI FL 33135	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESAR, ANTONIO TORRES 401 NW 56th AVE. MIAMI, FLORIDA, 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REC. THOMEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2001 (305) 263-93
 Date Daytime Phone #

CR2E037 (10/00)