

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013588

1. Entity Name:

Diversified Management, Inc

Principal Place of Business

Mailing Address

240 W PARK DR. Suite 107  
Miami FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978974

Applied For

Not Applicable

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

Sussy Anguera  
240 W PARK Drive Suite 107  
Miami FL 33172

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

9/5/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
Sussy Anguera  
240 W PARK Drive Suite 107  
Miami FL 33172

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S/T  
Luis Anguera  
240 W PARK Drive Suite 107  
Miami FL 33172

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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900004603539  
-09/21/01--01005--015  
\*\*\*150.00 \*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Sussy Anguera

Date

9/5/01

Daytime Phone

SP

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 11 PM 12:25

DO NOT WRITE IN THIS SPACE

pg 2 of 2

September 5, 2001

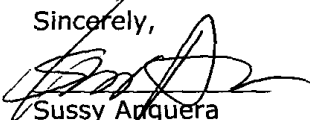
Diversified Management, Inc.  
240 West Park Drive Suite 107  
Miami, FL 33172

Division of Corporations  
**Att: Uniform Business Report Filings**  
PO BOX 1500  
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of Diversified Management, Inc. Document #P00000013588. This payment is for the 2001 Uniform Business Report. The reason in which I did not pay this fee on time is because I did not receive the first Uniform Business Report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,

  
Sussy Anguera  
President