

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90001 003 ***150.00

DOCUMENT # P00000022415

1. Entity Name

DIVERSITYPRO CORP.

Principal Place of Business

**300 SOUTH PINE ISLAND ROAD
SUITE 110
PLANTATION FL 33324**

Mailing Address

**300 SOUTH PINE ISLAND ROAD
SUITE 110
PLANTATION FL 33324**

2. Principal Place of Business

2655 Le Jeune Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

4. FFL Number

65-0991950

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Jonathan David Esq.

Street Address (P.O. Box Number is Not Acceptable)

2655 Le Jeune Rd. # 305

City

Coral Gables

FL

Zip Code

33134

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

Jonathan David Esq.

April 25, 2001

Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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	DIR, PRES.	<input type="checkbox"/> Delete
NAME	MARC A. WOLFF	
STREET ADDRESS	1061 Ibis Ave.	
CITY-ST-ZIP	Miami Springs FL 33166	
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	RICHARD FERNANDES	
STREET ADDRESS	300 S. PINE ISLAND RD. #110	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SECTY	<input type="checkbox"/> Delete
NAME	JONATHAN N. DAVID	
STREET ADDRESS	7701 S.W. 54 AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARC A. WOLFF

MARC WOLFF, PRES.

APRIL 25, 2001

305

863-9106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)