

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90004 046 ***150.00

0213210 AV

DOCUMENT # P00000022415

1. Entity Name
DIVERSITYPRO CORP.

Principal Place of Business

**2655 LE JEUNE ROAD
 #305
 CORAL GABLES FL 33134**

Mailing Address

**2655 LE JEUNE ROAD
 #305
 CORAL GABLES FL 33134**

2. Principal Place of Business

6900 N.W. 37th CT.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

same

Zip

33147

Country

U.S.A.

Zip

same

Country

U.S.A.

4. FEI Number

65-0991950

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID, JONATHAN ESQ.
 2655 LE JEUNE ROAD, #305
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **JONATHAN N. DAVID ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
6900 N.W. 37th COURT
 City **MIAMI** FL **33147**

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. 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, 2002 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

TITLE **PD** ☐ Delete
 NAME **WOLFF, MARC A**
 STREET ADDRESS **1061 IBIS AVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **T** ☐ Delete
 NAME **FERNANDES, RICHARD**
 STREET ADDRESS **300 S PINE ISLAND ROAD, #110**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **S** ☐ Delete
 NAME **DAVID, JONATHAN N**
 STREET ADDRESS **7701-SW 54 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **S JONATHAN N. DAVID**
 STREET ADDRESS **6632-SW 64-AVE**
 CITY-ST-ZIP **MIAMI FL 33143**

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

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

TITLE ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
 Date

305/691-2348
 Daytime Phone #

CR2E034 (9/01)