2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000022415 DOCUMENT # 1. Entity Name



Principal Place of Business 6900 NW 37TH CT. MIAMI FL 33147

City & State

Zip

DIVERSITYPRO CORP.

Mailing Address 6900 NW 37TH CT. MIAMI FL 33147

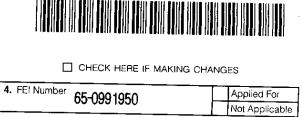
City & State

Zip

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90351 038 ***150.00



\$8.75 Additional

Fee Required

DAVID, JONATHAN ESQ. 6900 N.W. 37TH CT. **MIAMI FL 33147**

7. Name and Address of New Registered Agent								
Name								
	_							
Street Address (P.O. Box Number is Not Accep	table)							
City								
,	Zip Code							

5. Certificate of Status Desired

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. I am familiar with, and accept ³ the obligations of registered agent.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Make Chec	k Payable to Florida Department of State				Trust Fund Contribution.	□ \$ 5	5.00 May Be ded to Fees	
10. OFFICERS AND DIRECTORS			11.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFF, MARC A 1061 IBIS AVE MIAMI SPRINGS FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUL	THONS/CHANGES TO OFFICERS A	AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDES, RICHARD 300 S PINE ISLAND ROAD, #110 PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	S DAVID, JONATHAN N 6632 SW 64TH AVE. MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Chango	æ ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information quantical with this file	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	

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 acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all giver like empowered.

SIGNATURE:

JUNATHAN N. DAVID

JAN. 7, 2003 365-691-2348

Date Daytime Phone #