

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000045375**

1. Entity Name

DIVERSIFIED EQUIPMENT INTERNATIONAL, INC.**FILED**
Feb 15, 2001 8:00 am
Secretary of State

01-29-2001 90094 020 ***150.00

Principal Place of Business
4800 S.W. 51ST STREET, #104
DAVE FL 33314Mailing Address
4800 S.W. 51ST STREET, #104
DAVE FL 33314

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
65-1014000Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, HOWARD S
116 SOUTHEAST SIXTH COURT
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agents signature required when re-electing)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
KIELTON, GREG
4800 S.W. 51ST STREET, #104
DAVE FL 33314TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
THEODOSIOU, ARGYIOS
4800 S.W. 51ST STREET, #104
DAVE FL 33314TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ 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:

A. TH. GORDON

VP

1/18/01

Date

19543162399

Daytime Phone #

CP25034 (12/00)