

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0308283 AV

DOCUMENT # P01000024398

1. Entity Name

DIVERSITY IMMIGRATION OF AMERICA, INC.

03-20-2002 90060 033 ***150.00

Principal Place of Business

2601 E OAKLAND PARK BLVD #400
 FT LAUDERDALE FL 33306

Mailing Address

2601 E OAKLAND PARK BLVD #400
 FT LAUDERDALE FL 33306

2. Principal Place of Business

1729 E COMMERCIAL BLVD
 Suite, Apt. #, etc.
 #267

3. Mailing Address

4922 NW 66 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-1099513

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33319

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOVER, WILLARD D
 2601 E OAKLAND PARK BLVD #400
 FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

PAUL BANNISTER

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

4922 NW 66 AVENUE

City

FORT LAUDERDALE

FL

Zip Code

33319

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

P. Bannister

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/2002

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: D ☐ Delete
 NAME: BANNISTER, PAUL D
 STREET ADDRESS: 4922NW 66 AVE
 CITY-ST-ZIP: FT LAUDERDALE FL 33319

TITLE: D ☐ Delete
 NAME: BANNISTER, PHYLLIS A
 STREET ADDRESS: 1729 E COMMERCIAL BLVD #267
 CITY-ST-ZIP: FT LAUDERDALE FL 33334

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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 STREET ADDRESS:
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 STREET ADDRESS:
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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:
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TITLE: ☐ Change ☐ Addition
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 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:

P. Bannister
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 (954) 747-3454

Date

Daytime Phone #

CR2E034 (9/01)