

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 035 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000033823**

1. Entity Name
Diversified Companies Group Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10001 NW 50 St

3. Mailing Address

410 HMD

Suite, Apt. #, etc.

Suite 103A

Suite, Apt. #, etc.

16100 NE 14 Ave Ste 5

City & State

Sunrise FL

City & State

No. Miami Beach

Zip

33351

Country

USA

Zip

33162

Country

USA

4. FEI Number

45-1133008

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DAVID J. FEINGOLD, ESQ

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

3200 PGA Blvd Ste 410

City

Palm Beach Gardens FL

Zip Code

33410

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**Jose Perez DPS
10001 NW 50 St Ste 110
Sunrise FL 33351**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**buy URCUOWI
10001 NW 50 St Ste 110
Sunrise FL 33351**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/02

Daytime Phone #

CR20034B (12/01)