

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 038 ***550.00

DOCUMENT # P01000047073

1. Entity Name
DIVERSILUBE ONE, INC.

Principal Place of Business

**999 ELLER DRIVE
 FT LAUDERDALE FL 33316**

Mailing Address

**P O BOX 13111
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

1075 W. St. Rd 84
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Same

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

65-1111941

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, ALAN J
 999 ELLER DRIVE
 FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Cary Goldberg**
 Street Address (P.O. Box Number is Not Acceptable)
1075 W. St. Rd 84
 City **Ft. Lauderdale** **FL** Zip Code **33315**

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	GOLDBERG, RECECCA L	
STREET ADDRESS	P O BOX 13111	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, CARY	
STREET ADDRESS	P O BOX 13111	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, ALAN J	
STREET ADDRESS	P O BOX 13111	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres. Cary Goldberg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1075 W. St. Rd 84	
STREET ADDRESS	Ft. Lauderdale, FL 33315	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 **954-527-6662**
 Date Daytime Phone #

CR2E034 (4/02)