

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000050081

1. Entity Name

DIVERSITY CLEAN, INC.

DIVERSITY SERVICES, INC.

Principal Place of Business

2485 NW 33RD STREET #1613  
FT. LAUDERDALE FL 33309

Mailing Address

2485 NW 33RD STREET #1613  
FT. LAUDERDALE FL 33309

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

65-1105280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION  
3929 N. FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

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 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)

☐

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 PD  
NAME OCTAVIANO, PAULA AFFONSO  
STREET ADDRESS 2485 NW 33RD STREET #1613  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD  
NAME LUIZ OCTAVIANO  
STREET ADDRESS 3005 N OAKLAND FOREST DR. #102  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Paula Octaviano

04/23/02

Date

(954) 7398727

Daytime Phone #

FILED  
Jun 19, 2002 8:00 am  
Secretary of State

05-08-2002 90003 042 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)