

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

FILED

03 DEC 15 PH 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02 000050180.*

1. Entity Name

M & L Diversified Planners, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT *03*

2. Principal Place of Business

8000 SW 152 Ave

Suite, Apt. #, etc. *#106.*

City & State

Miami, FL

Zip *33193*

Country

3. Mailing Address

8000 SW 152 Ave

Suite, Apt. #, etc. *#106.*

City & State

Miami, FL

Zip *33193*

Country

100025489864

*12/15/03--01013--015 **150.00*

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4. FEI Number

68-0502331.

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gino Messarino

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

8000 SW 152 Ave #106

City

Miami

FL

Zip Code

33193

**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 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 *President*
NAME *Gino Messarino*
STREET ADDRESS *8000 SW 152 Ave #106*
CITY - ST - ZIP *Miami, FL 33193*

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2
NOVEMBER 10, 2003.

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: M & L DIVERSIFIED PLANNERS, INC.
FEIN 68-0502331**

Dear sirs:

M & L DIVERSIFIED PLANNERS, INC., already sent you its Annual Report on April 24 with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on May 23rd asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, after verifying my corporation is inactive I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,



GINO MESSARINA

M & L DIVERSIFIED PLANNERS, INC.