

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

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90268 047 ***150.00

DOCUMENT # PO4000043865

1. Entity Name

Diverse Fashions, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 S. Washington Avenue

3. Mailing Address
2500 S. Washington Avenue

Suite, Apt. #, etc.
Suite 7

Suite, Apt. #, etc.
Suite 7

DO NOT WRITE IN THIS SPACE

City & State
Titusville, FL

City & State
Titusville, FL

4. FEI Number
20-0832179

Applied For
Not Applicable

Zip
32780

Country
USA

Zip
32780

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Nidal Kadur

Street Address (P.O. Box Number is Not Acceptable)
2230 Robinswood Road

City **Titusville** **FL** **Zip Code** **32780**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Nidal Kadur 2230 Robinswood Road Titusville, FL 32780	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Amel Kadur 2230 Robinswood Road Titusville, FL 32780	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Stockholder Faree Kadur 2596 Christopher Drive Titusville, FL 32780	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amel Kadur* - Amel Kadur *4/11/05* *321-917-5739*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

CR2E034B (12/02)