

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

06-27-2002 90184 049 ***550.00

DOCUMENT # P93000030619

1. Entity Name
DIVERSIVEST II, INC.

Principal Place of Business

**1648 TAYLOR ROAD
 STE 401
 PORT ORANGE FL 32124
 US**

Mailing Address

**1648 TAYLOR ROAD
 STE 401
 PORT ORANGE FL 32124
 US**

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 **59-3179500**

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

**AVENA, JOSEPH G
 2090 S. NOVA RD.
 AA02
 S. DAYTONA FL 32119**

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. 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **AVENA, JOSEPH G.**
 STREET ADDRESS **1648 TAYLOR RD STE 401**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☐ Delete
 NAME **MORGESON, NICOLA**
 STREET ADDRESS **1648 TAYLOR RD STE 401**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

39117



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

386 679 0240

7/12/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 28, 2002

DIVERSIVEST II, INC.
1648 TAYLOR ROAD
STE 401
PORT ORANGE, FL 32128 US

Be ADVISED,
you have my check

Subject: DIVERSIVEST II, INC.

Reference Number: P93000030619

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MP
ANNUAL REPORTS SECTION

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 903000030619

1. Entity Name

DIVERSIVEST II, INC.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1648 Taylor Rd

Suite, Apt. #, etc.

401

City & State

Port Orange, FL

Zip

32128

Country

Volusia

3. Mailing Address

1648 Taylor Rd

Suite, Apt. #, etc.

401

City & State

Port Orange, FL

Zip

32128

Country

Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number

7420 077457 90

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name Joseph G. Avena

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

1648 Taylor Rd Ste #401

City

Port Orange, FL

FL

Zip Code

32128

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 relocating)

6-15-02

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 \$81.25

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	<u>President</u>
NAME	<u>Joseph G. Avena</u>
STREET ADDRESS	<u>1648 Taylor Rd #401 Pt. Orange</u>
CITY-STATE-ZIP	
TITLE	<u>V. PRESIDENT</u>
NAME	<u>NICOLA AVENA</u>
STREET ADDRESS	<u>1648 Taylor Rd #401 Port Orange</u>
CITY-STATE-ZIP	<u>FL 32128</u>
TITLE	<u>SEC.</u>
NAME	<u>JOSEPH G. AVENA</u>
STREET ADDRESS	<u>1648 Taylor Rd #401</u>
CITY-STATE-ZIP	<u>Port Orange, FL 32128</u>
TITLE	<u>TREASURER</u>
NAME	<u>NICOLA AVENA</u>
STREET ADDRESS	<u>1648 Taylor Rd #401</u>
CITY-STATE-ZIP	<u>Port Orange, FL 32128</u>
TITLE	
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	

**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)(f), 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 true empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6-15-02

Daytime Phone #

CP250048 (12/01)