

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066345

1. Entity Name

DIVERSIFIED APARTMENTS CORP.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90036 001 ***150.00

Principal Place of Business

7899 N.E. 4 COURT
MIAMI FL 33138

Mailing Address

17190 N.E. 21 AVENUE
NORTH MIAMI BEACH FL 33162-3310
US

2. Principal Place of Business

7899 NE 4 CT

3. Mailing Address

17190 NE 21 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Nth miami beach FL

Zip 33138

Country USA

Zip 33162

Country USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, OLIVET T
17190 NE 21TH AVE.
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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, 2000 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 O ☐ Delete
NAME LONG, OLIVET T
STREET ADDRESS 17190 NE 21ST AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE VP ☐ Delete
NAME LONG, HAROLD
STREET ADDRESS 17190 NE.. 21 AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)