

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066345

1. Entity Name  
**DIVERSIFIED APARTMENTS CORP.**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90060 013 \*\*\*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  
US**

2. Principal Place of Business

**Miami FL**

3. Mailing Address

**17190 NE 21 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Nth mia**

City & State

**Bch FL**

Zip

Country

**DADE**

Zip

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

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>0</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, OLIVET T</b>	
STREET ADDRESS	<b>17190 NE 21ST AVE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, HAROLD</b>	
STREET ADDRESS	<b>17190 NE.. 21 AVENUE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33112</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Olivet T. Long**

**Olivet T. Long**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3:30 01**

Date

Daytime Phone #

CR2E034 (10/00)