FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90380 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000074036

DOCUMENT #

1. Entity Name

DIVERSIFIED PROPERTY MANAGEMENT, INC.

Principal Place of Business 2359 BEVILLE ROAD DAYTONA BEACH FL 32119 US			Mailing Address 2359 BEVILLE ROAD DAYTONA BEACH FL 32119 US									
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State					F0-22787E0			oplied For ot Applicable	
Zip Country			Zip				5. Certificate of Status Desired			S8.75 Additional Fee Required		
	6. Name a	nd Address of Current	Register	ed Agent				7. Na	ame and Address of New Regis	tered A	gent	
						Name			•			
HOSSEINI	, Kargar M		Street Add				dress (P.O. Box Number is Not Acceptable)					
2359 BEV	ILLE ROAD											-1,-
DAYTONA	BEACH FL 3	2119										
							City FL				Zip Code	e
the obligat	tions of register	ed agent.							nt, or both, in the State of Florida.		miliar with,	and accept
.6.	Signature, typed or	printed name of registered agent a	nd title if app	olicable. (NOTE	Registere	d Agent signat	ure required wh	en rein	stating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Election Campaign Financin Trust Fund Contribution.	ng 🗆		0 May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11.	·		ADD	ITIONS/CHANGES TO OFFICER	S AND I	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOSSEINI-K 2359 BEVILL DAYTONA B			☐ Delete	•		Thorn 2359	nto: Be	nt Secretary n-Hill, Teresa ville Road Beach, FL 32119		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS F 2359 BEVILL DAYTONA B	ROSS, JR E ROAD		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAPIUK, NA 2359 BEVILL DAYTONA B	NCY E ROAD		Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						1	Change	☐ Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE					i	Change	Addition

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 Crapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SHERING OFFICER ON DIRECTOR

Morteza Hosseini-Kargar 4-18-03 President (386) 788-0820

Da

Daytime Phone #

CR2E034 (10/02