

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# P95000042150

1. Entity Name

DIVERSIFIED CONSULTATION SERVICES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90033 048 ***150.00

Principal Place of Business

Mailing Address

4111 STIRLING ROAD
SUITE #104
FT LAUDERDALE FL 33021

9720 PINES BLVD.
PEMBROKE PINES FL 33024-6228
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5130 SW 40th AVE

3. Mailing Address

Suite, Apt. #, etc.

3 B

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip

33314

Country

Zip

Country

4. FEI Number

65-0586242

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

HOCHSZTEIN, FRED
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STARK, NELSON
STREET ADDRESS 4111 STIRLING ROAD STE 104
CITY-ST-ZIP FORT LAUDERDALE FL 33021 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5130 SW 40TH AVE 3 B
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE STD
NAME STARK, SHEILA
STREET ADDRESS 4111 STIRLING ROAD STE 104
CITY-ST-ZIP FORT LAUDERDALE FL 33021 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5130 SW 40TH AVE 3 B
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Nelson Stark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON STARK

Date

Daytime Phone #

3.6.00

943-8456

CR2E034 (9/99)