

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90085 018 ***150.00

DOCUMENT # P96 000018385 ✓
1. Entity Name
 Diversified Enterprise of South Florida, Inc.

Principal Place of Business **Mailing Address**
 900 W. 49th St. Suite 438
 Hialeah, FL. 33012

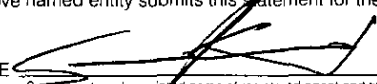
2. Principal Place of Business **3. Mailing Address**
 900 W. 49th St. 900 W. 49th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 438 438
City & State **City & State**
 Hialeah, Florida Hialeah, Florida
Zip **Country** **Zip** **Country**
 33012 US 33012 US

4. FEI Number **Applied For**
 59-3515416 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 GIOVANNI CASANOVA
 6187 NW 167 St. Suite 19-H
 Miami Lakes, Fl. 33015

7. Name and Address of New Registered Agent
Name
 GIOVANNI CASANOVA
Street Address (P.O. Box Number is Not Acceptable)
 900 W. 49th St.
 Suite 438
City **FL** **Zip Code**
 Hialeah

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  **Giovanni Casanova** **4/3/00**
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 NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CASANOVA ROBERTO 6187 NW 167 St. Suite 19-h Miami Lakes, Fl. 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GIOVANNI CASANOVA 900 W. 49th St. Suite 438 HIALEAH, MFL. 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMILY MUK VP 900 W. 49th St. Suite 438 Hialeah, Fl. 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Giovanni Casanova** **4/3/00** **(305)826-0035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)