FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 13 AM II: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097873

1. Entity Name
Diversified Management International, Inc.

DO NOT WRITE IN THIS SPACE

2003 AMENDED

02/03/03—90294—012 $61.25

2. Principal Place of Business 2 NE 40th Street		3. Mailing Address Post Office Box 01-6035			
Suite, Apt. #, etc. 302		Suite, Apt. #, etc.			
City & State Miami		City & State Miami, Florida		**4.** FEI Number 650712171	Applied For / Not Applicable
Zip 33137	Country US	Zip 33101-6035	Country US	**5.** Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Antonio Junior

Street Address (P.O. Box Number is Not Acceptable)

2 NE 40th Street, Suite 302

City Miami   FL   Zip Code 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 Make Check Payable to Florida Department of State		**9.** Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	President/Secretary/Treasurer	TITLE	
NAME	Antonio Junior ,	NAME	
STREET ADDRESS	2 NE 40th Street, Suite 302	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33137	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Christopher McFarlane	NAME	
STREET ADDRESS	1917 Harrison Street, Suite 500	STREET ADDRESS	
CITY-ST-ZIP	Hollywood FL 33020	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: _____ Antonio Junior 1/30/03   (305) 573-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)