

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001309

1. Entity Name

DIVERSIFIED P.P.I., INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90265 038 ***150.00

Principal Place of Business

Mailing Address

20070 OCEAN KEY DRIVE
BOCA RATON FL 33498

20070 OCEAN KEY DRIVE
BOCA RATON FL 33498-4526

2. Principal Place of Business

829 NORTH WEST 123RD DRIVE

3. Mailing Address

829 NORTH WEST 123RD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0719325

Applied For

Not Applicable

Zip

33071

Country

BROWARD

Zip

33071

Country

BROWARD

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

DIAMOND, JASON A
110 SOUTHEAST 6TH ST. 28TH FLOOR
FORT LAUDERDALE FL 33301

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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, RICHARD S		NAME	
STREET ADDRESS	20070 OCEAN KEY DR		STREET ADDRESS	829 NORTH WEST 123 RD DRIVE
CITY-ST-ZIP	BOCA RATON FL 33498		CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, DOROTHY M		NAME	
STREET ADDRESS	20070 OCEAN KEY DRIVE		STREET ADDRESS	829 North West 123 RD DRIVE
CITY-ST-ZIP	BOCA RATON FL 33498		CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

954-344-0858

Date

Daytime Phone #

CR2E034 (9/99)