

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024265

1. Entity Name

RETAIL DIVERSIFIED INVESTORS CORP.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90140 030 \*\*\*150.00

Principal Place of Business

4675 SW 74TH ST  
MIAMI FL 33143

Mailing Address

4675 SW 74TH ST  
MIAMI FL 33143-6271

2. Principal Place of Business

1 CASUARINA CONCOURSE  
Suite, Apt. #, etc.

3. Mailing Address

1 CASUARINA CONCOURSE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-0848196

Applied For

Not Applicable

Zip

Country

33143 USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTAMKIN, ALAN H  
4675 SW 74TH ST.  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

1 CASUARINA CONCOURSE

City

CORAL GABLES

FL

Zip Code

33143

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEPLEY, RICK	
STREET ADDRESS	4675 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VC	<input type="checkbox"/> Delete
NAME	POTAMKIN, ROBERT M	
STREET ADDRESS	4675 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	CS	<input type="checkbox"/> Delete
NAME	POTAMKIN, ALAN H	
STREET ADDRESS	4675 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARR, VERONICA	
STREET ADDRESS	4675 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRO, KORNEL	
STREET ADDRESS	4675 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONN, ROBERT	
STREET ADDRESS	4675 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33143	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CASUARINA CONCOURSE
STREET ADDRESS	CORAL GABLES FL 33143
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

VERONICA FARR

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)