

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90158 030 ***150.00

DOCUMENT # P97000101197

1. Entity Name
DIVERSIFIED AUTO SALES, INC.



Principal Place of Business
**1181 S. ROGERS CIR., #14
BOCA RATON FL 33487**

Mailing Address
**1181 S. ROGERS CIR., #14
BOCA RATON FL 33487**

2. Principal Place of Business
**1120 HOLLAND DRIVE
Suite, Apt. #, etc.
STE 16**

3. Mailing Address
**1120 HOLLAND DRIVE
Suite, Apt. #, etc.
STE 16**

City & State
BOCA RATON

City & State
BOCA RATON

Zip
33487 Country
FLA BCH

Zip
33487 Country
FLA BCH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0817251**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRODY, STEVEN
1181 S. ROGERS CIR., #14
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BRODY, STEVEN
16 PORTSIDE DRIVE, #16-C
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRODY, STEVEN
16 PORTSIDE DRIVE, #16-C
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN BRODY

1/15/03 (561) 988-9103
Date Daytime Phone #

0436029 AV

CR2E034 (10/02)