

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90130 040 ***150.00

DOCUMENT # P97000102123

1. Entity Name

DIVEDEPOT.COM, INC.

Principal Place of Business

**8890 CORAL WAY
 220
 MIAMI FL 33165
 US**

Mailing Address

**8890 CORAL WAY
 STE 220
 MIAMI FL 33165
 US**

C0066161

2. Principal Place of Business

2101 WEST SR 434

3. Mailing Address

2101 WEST SR 434

Suite, Apt. #, etc.

SUITE 221

Suite, Apt. #, etc.

SUITE 221

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

4. FEI Number

65-0817033

Applied For

Not Applicable

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

**WELLER, NORBERT
 8890 CORAL WAY
 STE 220
 MIAMI FL 33165**

Name

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

490 PINE OAK PLACE #200

City

LONGWOOD

FL

Zip Code

32779

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

Norbert Weller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DILLEY, C	
STREET ADDRESS	6901 EDGEWATER DR #317	
CITY-ST-ZIP	CORAL GABLES FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, L	
STREET ADDRESS	324 PALMETTO ST	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORWICH, F	
STREET ADDRESS	300 S JACKSON ST #100	
CITY-ST-ZIP	DENVER CO 80209	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, D	
STREET ADDRESS	6929 KENFIG DR	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	P	<input type="checkbox"/> Delete
NAME	WELLER, NORBERT	
STREET ADDRESS	4504 DOLORES LN.	
CITY-ST-ZIP	BHETHLEHEM PA 18017	
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, D.	
STREET ADDRESS	525 melrose Ave.	
CITY-ST-ZIP	winter Park, FL 32789	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, NORBERT	
STREET ADDRESS	490 PINE OAK PLACE #200	
CITY-ST-ZIP	LONGWOOD, FL 32779	
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 information empowered.

SIGNATURE:

Norbert Weller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERT WELLER 4-26-01 407 949-9380

Date

Daytime Phone #

CR2E034 (10/00)