

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90183 013 \*\*\*150.00

**DOCUMENT # P98000032497**

1. Entity Name

**DIVERSIFIED MERCHANT RESOURCES, INC.**

Principal Place of Business

**6420 CONGRESS AVE  
 #2000  
 BOCA RATON FL 33487**

Mailing Address

**6420 CONGRESS AVE  
 #2000  
 BOCA RATON FL 33487**

2. Principal Place of Business

**1180 SW 36th Avenue**

3. Mailing Address

**1180 SW 36th Avenue**

Suite, Apt. #, etc.

**Suite 207**

Suite, Apt. #, etc.

**Suite 207**

City & State

**Pompano Beach FL**

City & State

**Pompano Beach FL**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVENUE SUITE 3000  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

4. FEI Number

**65-0827748**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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, 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

TITLE **P** ☐ Delete  
 NAME **CAU, BRIAN**  
 STREET ADDRESS **6420 CONGRES AVE #2000**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PCEO** ☐ Delete  
 NAME **LEVINE, PAUL**  
 STREET ADDRESS **6420 CONGRES AVE #2000**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, COO** ☒ Change ☐ Addition  
 NAME **Brian Chu**  
 STREET ADDRESS **1180 SW 36th Ave suite 207**  
 CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **Chairman, CEO, Secretary** ☒ Change ☐ Addition  
 NAME **Paul Levine**  
 STREET ADDRESS **1180 SW 36th Ave suite 207**  
 CITY-ST-ZIP **Pompano Beach FL 33069**

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

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

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

TITLE ☐ Change ☐ 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:

**Brian Chu**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/01**

Date

**954-935-1101**

Daytime Phone #

CR2E034 (10/00)