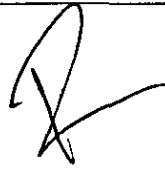


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90013 016 ***150.00

DOCUMENT # P98000073530

1. Entity Name
DIVERSE HEALTHCARE, INC.



Principal Place of Business
 13553 SW 8TH LANE
 MIAMI FL 33184

Mailing Address
 13553 SW 8TH LANE
 MIAMI FL 33184

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number **65-0906480**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PELIER, ROBERT N ESO
1431 PONCE DELEON BLVD
CORAL GABLES FL 33134

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVPD GONZALEZ, LUIS A 13553 SW 8TH LANE MIAMI FL 33184	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date _____ Daytime Phone # _____

CR2E034 (5/00)

attachment
p98000073530
A0075905

September 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Diverse Healthcare, Inc.
FEI: 65-0906480

Dear Sir or Madam:

I telephoned your offices today and spoke to someone there to inquire on the delinquency notice that I received stating that the filing fee was now \$550.00. I explained that I had mailed a check in March or April. I was told to mail a letter stating the situation and a request for consideration of waiving the \$550.00 fee.

I was concerned when I did not receive that canceled check with my bank statements. I thought your offices were just back log. However, I assume that the check got lost in the mail. Also, I live in a community complex and the mailman has mistakenly delivered the mail to the wrong address on more than one occasion. If you look at the form, you may notice that it's worn. This is the condition in which I received this form. My neighbor brought over my mail, after the mailman mistakenly delivered it to her house. This is the reason for the delay for not contacting your offices sooner. I do apologize for any inconvenience.

However, I have enclosed a check in the amount of \$150.00, along with the Uniform Business Report form. I hope you will consider my request and waive the \$550.00 fee. As I explained that it is not my fault, I did mail the check in March or April. I did contact my bank to have a stop payment placed on the check.

I do want to advise you that the company is non-productive at this time and it is only a named corporation. The company hopefully will be productive by the end of this year.

Thank you for your time and consideration in this matter. Again, I do apologize for any inconvenience this has caused. If you should have any questions, please feel to contact me.

Sincerely,



Luis A. Gonzalez
President of Diverse
Healthcare, Inc.
13553 S.W. 8th Lane
Miami, FL 33184