

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90109 009 ***150.00

DOCUMENT # P99000007184

1. Entity Name

DIVERSIFIED BUILDING GROUP, INC.

Principal Place of Business

2139 UNIVERSITY DR., SUITE 101
CORAL SPRINGS FL 33071

Mailing Address

2139 UNIVERSITY DR., SUITE 101
CORAL SPRINGS FL 33071

2. Principal Place of Business

5030 CHAMPION BLVD

3. Mailing Address

5030 CHAMPION BLVD

Suite, Apt. #, etc.

G-6 # 407

Suite, Apt. #, etc.

G-6 # 407

City & State

PO BOX 2407 FIA

City & State

PO BOX 2407 FIA

Zip

33496

Country

PALM BEACH

Zip

33496

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0873500

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

SCHIFFRIN, MICHAEL ESQ.
ONE SE THIRD AVE., SUITE 1450
MIAMI FL 33131

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SOLOMON, BARRY S**
STREET ADDRESS **2139 UNIVERSITY DR., SUITE 101**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 ~~the~~ empowered.

SIGNATURE: **BARRY S SOLOMON** *Barry Solomon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 392 3425

CR2E034 (10/00)