

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018143

1. Entity Name

Diversified Lifestyles, Inc.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90224 001 ***150.00
05-06-2000 90224 002 ****87.00

11704

DO NOT WRITE IN THIS SPACE

Principal Place of Business
349 La Mancha Avenue
West Palm Beach, FL
33411

Mailing Address
349 La Mancha Avenue
West Palm Beach, FL
33411

2. Principal Place of Business
12365 SW 224 St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 972862
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33170
Country
USA

City & State
Miami, Florida
Zip
33157
Country
USA

4. FEI Number 65-0899873
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Andrew C. Barnard
9655 S. Dixie Hwy. #312
Miami, FL 33156

7. Name and Address of New Registered Agent

Name: Josephine Lio
Street Address (P.O. Box Number is Not Acceptable)
19535 Lenaire Dr.
City: Miami FL Zip Code: 33157

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	Thompson, Christopher D	349 La Mancha Avenue	West Palm Beach, FL 33411	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		19535 Lenaire Dr.	Miami, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PJVISITID			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Josephine Lio	19535 Lenaire Dr	Miami, FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)