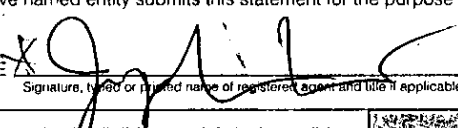
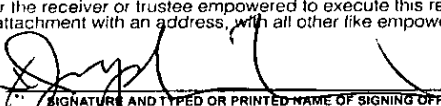


2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90032 032 ***150.00

659620

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000018143			
1. Entity Name DIVERSIFIED LIFESTYLES, INC.			
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 STREET Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 972862 Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33170	Country USA	Zip 33157	Country USA
4. FEI Number 65-0899873		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name LIO, JOSEPHINE	
		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 		DATE 4-30-01	
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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVSTD <input type="checkbox"/> Delete	NAME LIO, JOSEPHINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19535 LENAIRE DR.		NAME	
CITY-ST-ZIP MIAMI, FL 33157		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D THOMPSON, CHRISTOPHER D.		STREET ADDRESS	
STREET ADDRESS 19535 LENAIRE DR.		CITY-ST-ZIP	
CITY-ST-ZIP MIAMI, FL 33157		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE 4-30-01 Daytime Phone # 257-2411	
Signature and typed or printed name of signing officer or director			