

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90204 019 ***150.00

DOCUMENT # P99000018143

1. Entity Name
DIVERSIFIED LIFESTYLES, INC.



Principal Place of Business
**12365 SW 224 STREET
MIAMI FL 33170**

Mailing Address
**P.O. BOX 972862
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0899873**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LIO, JOSEPHINE
19535 LENAIRE DR.
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **Lio, Josephine**
Street Address (P.O. Box Number is Not Acceptable)
2700 N.E 53rd Ct.
City **Lighthouse pt.** FL Zip Code **33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-20-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CHRISTOPHER D	
STREET ADDRESS	19535 LENAISSE DR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	LIO, JOSEPHINE	
STREET ADDRESS	19535 LENAISSE DR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIO, JOSEPHINE	
STREET ADDRESS	19535 LENAISSE DR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. OWNERS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Lio, Josephine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lio, Josephine	
STREET ADDRESS	2700 N.E 53rd Ct.	
CITY-ST-ZIP	Lighthouse pt. 33064	
TITLE	2700 N.E 53rd Ct.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lio, Josephine	
STREET ADDRESS	2700 N.E 53rd Ct.	
CITY-ST-ZIP	Lighthouse pt. 33064	
TITLE	2700 N.E 53rd Ct.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lio, Josephine	
STREET ADDRESS	2700 N.E 53rd Ct.	
CITY-ST-ZIP	Lighthouse pt. 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 (10/02)