

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90061 014 ***150.00

DOCUMENT #

1. Entity Name **DIVERSIFIED INVESTMENT GROUP OF MIAMI, INC.**

P99000026289 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7050 W. State Rd 84

Suite, Apt. #, etc.

#16

City & State

Ft. Lauderdale, FL

Zip

33317

Country

USA

3. Mailing Address

7050 W. State Rd 84

Suite, Apt. #, etc.

#16

City & State

Ft. Lauderdale, FL

Zip

33317

Country

USA

4. FEI Number

65-0921220

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Brevitt-Schoop, C. Marie Esq.

Street Address (P.O. Box Number is Not Acceptable)

7050 W. State Rd 84, #16

City

Ft. Lauderdale

FL

Zip Code
33317

**DO NOT WRITE
IN THIS SPACE**

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)**



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Bernard, Marlene A 113 Nighthawk Ave Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benjamin, Yvette 18623 SW 7th Street Pembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clarke, Adley 17488 SW 28 Ct Miramar, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Silvera, Stacey 20221 NE 21st Ave Miami, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schoop, John J 1191 NE 200th Street Miami, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/32/02

Date

Daytime Phone #