2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000062262** May 19, 2000 8:00 am **Secretary of State** DIVEN, INC. 05-19-2000 90101 050 ***150.00 Principal Place of Business Mailing Address 3890 W. COMMERCIAL BLVD., SUITE 214 3890 W. COMMERCIAL BLVD., SUITE 214 FT. LAUDERDALE FL 33309-3319 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 3890 W. Compercial Blue 13890 W Commercial DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent and Address of Current Registered Agent Name TROUTMAN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3890 W. COMMERCIAL BLVD., SUITE 214 FT. LAUDERDALE FL 33309 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE TROUTMAN, JOSEPH NAME NAME 3890 w. Commercial Blud 3890 W. COMMERCIAL BLVD., SUITE 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME -NAME STŘEET / PRE. D STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby cert 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 the report of 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 sorporation 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 d of on an attachment with an address, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

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