## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P99000074838 1. Entity Name DIVERSIFIED CLIENT SERVICES, INC. 04-23-2000 90030 006 \*\*\*150.00 Mailing Address Principal Place of Business 539 SW 88TH PLACE EAST 539 SW 88TH PLACE EAST MIAMI FL 33174-2455 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0943774 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROQUETA, MILDRED Street Address (P.O. Box Number is Not Acceptable) 539 SW 88TH PLACE EAST **MIAMI FL 33174** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Мау Ве After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ρ ☐ Change TITLE Delete TITLE NAME ROQUETA, MILDRED NAME STREET ADDRESS STREET ADDRESS 539 SW 88TH PLACE EAST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 Addition Change ☐ Delete TITLE TITLE DIAZ. EVELYN NAME NAME STREET ADDRESS 539 SW 88TH PLACE EAST STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP MIAMI FL 33174 ☐ Addition [] Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition

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 tike empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Change

☐ Addition

CR2F034 (9/99)