

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90502 016 ***150.00

0220240

DOCUMENT # L01022

1. Entity Name
DIAZ NURSERY, INC.

Principal Place of Business 5291 SW 127 AVE MIAMI FL 33175	Mailing Address 5291 SW 127 AVE MIAMI FL 33175
--	--

A0030804



2. Principal Place of Business 29800 SW 107 Ave.	3. Mailing Address 12500 SW 51 St.
---	---------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

DO NOT WRITE IN THIS SPACE

City & State Miami FL (Homebased)	City & State Miami F	4. FEI Number 65-0129764	Applied For Not Applicable
--------------------------------------	-------------------------	-----------------------------	-------------------------------

Zip None	Country Miami Dade	Zip 33175	Country Miami Dade	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-------------	-----------------------	--------------	-----------------------	---	--------------------------------

6. Name and Address of Current Registered Agent

DIAZ, ORLANDO
5291 SW 127 AVE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **FL** Zip Code _____

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 _____
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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00 ✓
After MAY 1, 2001 Fee will be \$550.00
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	PD DIAZ, ORLANDO 5291 SW 127 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Orlando Diaz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)