

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044545

1. Entity Name

DE BECHE DIAZ, INC.

Principal Place of Business

Mailing Address

10481 NORTH KENDALL DRIVE 203B
MIAMI FL 33176
US

10481 NORTH KENDALL DRIVE 203B
MIAMI FL 33176-1528
US

2. Principal Place of Business

3. Mailing Address

10300 Sunset Dr
Suite, Apt. #, etc.
465

10300 Sunset Dr
Suite, Apt. #, etc.
465

City & State
Miami - FL

City & State
Miami - FL

Zip Country
33173 Dade

Zip Country
33173 Dade

4. FEI Number 65-0506334

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE BECHE DIAZ, PAULINE
10481 NORTH KENDALL DRIVE 203B
MIAMI FL 33176

Name Pauline de Beche Diaz

Street Address (P.O. Box Number is Not Acceptable)
1857 SW 103 PL

City Miami FL Zip Code 33173

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 Pauline de Beche Diaz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 15/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME DE BECHE DIAZ, PAULINE
STREET ADDRESS 10481 NORTH KENDALL 203B
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE Director
NAME HUGO DIAZ
STREET ADDRESS 1857 SW 103 PL
CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☒ Addition

TITLE D
NAME DE BECHE DIAZ, PAULINE
STREET ADDRESS 10481 NORTH KENDALL 203B
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Pauline de Beche Diaz Feb 15/2000 (305) 596-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90026 015 ***150.00

715636



DO NOT WRITE IN THIS SPACE