

# 2002 UNIFORM BUSINESS REPORT (UBR)

0162280 AV

DOCUMENT # 640582

1. Entity Name  
DIAZ LANDSCAPING & NURSERY, INC.

Principal Place of Business

23705 SW 117TH AVE.  
MIAMI FL 33032

Mailing Address

23705 SW 117TH AVE.  
MIAMI FL 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1967009

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

DIAZ-FOX, EMILIA

1221 BRICKELL AVENUE SUITE 1020

~~SUITE 1575, MUSEUM TOWER~~ PLEASE, REMOVE THIS  
MIAMI FL 33131 LINE FROM THE ADDRESS.

Name

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

City

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 ☐ Delete  
NAME DPST  
STREET ADDRESS DIAZ, MANUEL C  
CITY-ST-ZIP 23705 SW 117TH AVE  
HOMESTEAD FL

TITLE ☐ Change ☐ Addition  
NAME 200005538592--4  
STREET ADDRESS -05/16/02--01004--005  
CITY-ST-ZIP \*\*\*\*\*586.25 \*\*\*\*\*158.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

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 another, or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

305-278-7083

Daytime Phone #

CR2E034 (9/01)

FILED  
02 MAY -7 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE