## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)								FILED				
DOCUMENT # 850316							Feb 27, 2002 8:00 am Secretary of State					
		DIESEL - ALLISOI	N, INC.						02 90005 00			
Principal Plac 5105 BOWDE JACKSONVILL US			Mailing Address  P.O. BOX 16595  JACKSONVILLE FL 32245 US				ااًا					
2. Principal Place of Business 3. Mailing Address 2277 NW 14th Street							111	LINI 1018) DOLLA EDIOE HA	() (1016 <b>0</b> ()) <b>4</b> (0)	[/B14, B7018 B1018 0	INIT FRANK IEEEL	
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat <b>Miami,</b> ]			City & State				4. FEI Nur	nber <b>59-2043</b> 4	190		oplied For ot Applicable	
Zip 33125_		Country	Zip	У	5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name a	nd Address of Current F	legistered Agent		Nama		7. Name a	nd Address of Ne	w Registered	Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Name Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324								·				
					City	•			FL	Zip Cod	е	
Tax filing i	Signature, typed or oration is eligib	printed name of registered agent are to satisfy its Intangible dielects to do so.	FILE NOW  After May 1, 20  Make Check Payal	!!! FEE 1 102 Fee v	\$ \$150. vill be \$5	550.00	10.	Election Campaigr Trust Fund Contrib			O May Be	
11.		OFFICERS AND D	<u> </u>	12.	-		ADDITION	IS/CHANGES TO (	DEFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARCHAN 2277 NW-1 MIAMI FL 3	E, OSVALDO 4TH ST	☐ Delete	TITLE NAME	T ADDRESS	D	7100	0,0,111110	5,1,105,107,11,12	Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LITTLEFIEL 5105 BOWI JACKSONV		☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		<u> </u>	<u>.</u>		Change	☐ Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP	V	SAR	₩ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP			40.0	AT-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, S 2277 NW 1 MIAMI FL 3	4TH ST	☐ Delete	TITLE NAME STREET CITY-S	f address st-zip					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	t	OUTER	RROW R DRIVE WES 48239	ST	☐ Change	<b>☆</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	`ADDRESS	1	OUTER	RMER R DRIVE:WES 48239=	ST	Change	X Addition	
indicated of the cor	on this report rporation or the	or supplemental report is t receiver or trustee empoy	his filing does not qualify for rue and accurate and that r wered to execute this report ith all other like empowered	ny signatu as require	re shall h	ted in Section	on 119.07( ne legal ef	3)(i), Florida Statut fect as if made und	der oath; that I	am an officer	or director	

**SIGNATURE:** 

E RECOMFEFarmer, Secretary

2/8/02

Date

(313/592-7111)

Daytime Phone #