

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32256**

1. Entity Name  
**DIEZ BROS. PASTURE, LTD.**



**FILED**

**03 APR 18 PM 1:52**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
P.O. BOX 1577  
RIVERVIEW FL 33569

Mailing Address  
P.O. BOX 1577  
RIVERVIEW FL 33569

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 **59-3097363**

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

**DIEZ, EARL**  
**12721 HIGHWAY 301 SOUTH**  
**RIVERVIEW FL 33569**

Name

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

**000016231000**  
**04/18/03--01011--005 \*\*526.25**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. **\$10,001,996.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **DIEZ, EARL**  
STREET ADDRESS **12727 HIGHWAY 301 SOUTH**  
CITY-ST-ZIP **RIVERVIEW FL 33568**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **DIEZ, ROBERT**  
STREET ADDRESS **12727 HIGHWAY 301 SOUTH**  
CITY-ST-ZIP **RIVERVIEW FL 33568**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Earl Diez* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-2-03**

Date

Daytime Phone #

CR2E003 (10/02)

0013104 AT