

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91294 012 \*\*\*150.00

**DOCUMENT # G38126**

1. Entity Name  
**ANTHONY DIEGUEZ, P.A.**

Principal Place of Business  
**C/O ANTHONY DIEGUEZ**  
**1840 W. 49 ST. SUITE 411**  
**HIALEAH FL 33012**

Mailing Address  
**C/O ANTHONY DIEGUEZ**  
~~1840 W. 49 ST. SUITE 411~~  
~~HIALEAH FL 33012~~



2. Principal Place of Business  
**7950 NW 155 Street**  
 Suite, Apt. #, etc.  
**207**

3. Mailing Address  
**7950 NW 155 Street**  
 Suite, Apt. #, etc.  
**207**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI LAKES, FL**

City & State  
**MIAMI LAKES, FL**

4. FEI Number **59-2283718**

Applied For  
 Not Applicable

Zip **33016** Country **MIAMI DADE**

Zip **33016** Country **MIAMI DADE**

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

**DIEGUEZ, ANTHONY**  
**1840 W. 49 ST., SUITE 411**  
**HIALEAH FL 33012**

Name

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

**7950 NW 155 St. # 207**

City

**Miami Lakes**

FL

Zip Code

**33016**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	<b>DIEGUEZ, ANTHONY</b>	<b>1840 W 49 ST #411</b>	<b>HIALEAH, FL 00000</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>7950 NW 155 St. # 207</b>	<b>Miami Lakes, FL 33016</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Anthony Dieguez **ANTHONY DIEGUEZ** 1/8/02 305 5564106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)