

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0154036 AV

DOCUMENT # **G38126**



1. Entity Name
ANTHONY DIEGUEZ, P.A.

FILED

03 MAY 21 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7950 NW 155 STREET
207
~~HALEAH~~ FL 33016
MIAMI LAKES

Mailing Address
7950 NW 155 STREET
207
~~HALEAH~~ FL 33016
MIAMI LAKES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2283718**
Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DIEGUEZ, ANTHONY
7950 NW 155 STREET #207
HALEAH FL 33016
MIAMI LAKES

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Fee Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
PD	DIEGUEZ, ANTHONY 7950 NW 155 STREET #207 HALEAH FL 33016 MIAMI LAKES	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anthony Dieguez** **ANTHONY DIEGUEZ** 11/31/03 (305) 576 4106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)