## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # G97885** DIAZCORP OF CORAL WAY INC. 04-26-2000 90170 019 \*\*\*158.75 Principal Place of Business Mailing Address 3400 CORAL WAY 3400 CORAL WAY SUITE 600 SUITE 600 MIAMI FL 33145 MIAMI FL 33145-3053 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2388143 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, FRANK Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY SUITE 600 MIAMI FL 33145-3053 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CTD TITLE Change Addition TITLE Delete NAME DIAZ, FRANK NAME STREET ADDRESS 3400 CORAL WY, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145-3053 Change ☐ Addition ☐ Delete TITLE DIAZ, AMPARO R. NAME NAME STREET ADDRESS STREET ADDRESS 3400 CORAL WY, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145-3053 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DIAZ, JORGE A NAME NAME STREET ADDRESS STREET ADDRESS 3400 CORAL WAY STE 601 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145-3053 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/2,600 (305)476-2055 Date Daytime Phone #