

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17309

Entity Name

IAZ DRAPERIES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90006 006 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business                                 | Mailing Address  |
| % OSVALDO DIAZ<br>6280 SW 151 PLACE<br>MIAMI FL 33193<br>US | % OSVALDO DIAZ<br>6280 SW 151 PLACE<br>MIAMI FL 33175-6840<br>US |

|   |   |
|---|---|
| 2. Principal Place of Business<br>145 75 SW 43 TERR | 3. Mailing Address<br>145 75 SW 43 TERR |
| Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.                     |

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>MIAMI FLORIDA | City & State<br>MIAMI FLORIDA |
| Zip<br>33175                  | Zip<br>33175                  |
| Country<br>US                 | Country<br>US                 |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br>65-0040141                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HAYDEE, DIAZ<br>6280 SW. 151 PL<br>MIAMI FL 33193 | 7. Name and Address of New Registered Agent<br>Name: HAYDEE DIAZ<br>Street Address (P.O. Box Number, if Not Acceptable)<br>145 75 SW 43 TERR<br>City: MIAMI FL Zip Code: 33175 |
|--|--|

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: HAYDEE DIAZ HAYDEE DIAZ President 1/17/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |  |
|--|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br>(See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDVP<br>DIAZ HAYDEE<br>6280 SW 151 PL<br>MIAMI FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PDVP<br>DIAZ HAYDEE<br>145 75 SW 43 TERR<br>MIAMI FLORIDA 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: HAYDEE DIAZ HAYDEE DIAZ President 1/17/00 (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)