

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90089 014 ****50.00

DOCUMENT # L01000007977

1. Entity Name

LAW OFFICES OF MATTHEW W. DIETZ, P.L.

Principal Place of Business

Mailing Address

**80 SW 8TH STREET, SUITE 1920
MIAMI FL 33130**

**80 SW 8TH STREET, SUITE 1920
MIAMI FL 33130**

2. Principal Place of Business

1320 S. Dixie Highway

3. Mailing Address

1320 S. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse 1275

Penthouse 1275

City & State

City & State

Coral Gables, Florida

Coral Gables, Florida

Zip
33146

Country
USA

Zip
33146

Country
USA

4. FEI Number

65-1103889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIETZ, MATTHEW W

**80 SW 8TH STREET, SUITE 1920
MIAMI FL 33130**

Name

Matthew W. Dietz

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

1320 S. Dixie Highway

Penthouse 1275

City

Coral Gables

FL

Zip Code
33146

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	MNGR Matthew W. Dietz 1320 S. Dixie Hwy, Ste PH 1275 Coral Gables, Florida 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/4/02

Date

305/669-2822

Daytime Phone #

CR2E083 (4/02)