

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01022

1. Entity Name

DIAZ NURSERY, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90502 016 ***150.00

0220240

Principal Place of Business

5291 SW 127 AVE
MIAMI FL 33175

Mailing Address

5291 SW 127 AVE
MIAMI FL 33175

A0030884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 SW 107 AVE

3. Mailing Address

12500 SW 51 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL (Homebased)

City & State

Miami FL

4. FEI Number

65-0129764

Applied For

Not Applicable

Zip

None

Country

Miami Dade

Zip

33175

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

DIAZ, ORLANDO
5291 SW 127 AVE
MIAMI FL 33175

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.

SIGNATURE

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD
NAME DIAZ, ORLANDO
STREET ADDRESS 5291 SW 127 AVE
CITY-ST-ZIP MIAMI FL

☐ Delete

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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ 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: *X Orlando Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)