## 2000 UNIFORM BUSINESS REPORT (UBR)

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

## FILED DOCUMENT # L03857 Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** MANUEL DIAZ MANUFACTURERS' REPRESENTATIVE INC 02-24-2000 90019 037 \*\*\*150.00 Principal Place of Business Mailing Address 11473 SW 29 STREET 11473 SW 29 STREET MIAMI FL 33165-2148 MIAM! FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, elc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0132560 Not Applicable Country **\$8.75** Additional\_ Zip 5. Certificate of Status Desired Γ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, ANA M Street Address (P.O. Box Number is Not Acceptable) 11473 S.W. 29TH ST. MIAMI FL 33165 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After M/IY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TITLE NAME DIAZ, ANA MARIA NAME STREET ADDRESS 11473 S.W. 29TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE DIAZ. MARIA TERESA NAME NAME STREET ADDRESS STREET ADDRESS 11473 S.W. 29TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLÉ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP \_\_\_\_\_ Delete... ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receive for 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