

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91499 003 ***150.00

DOCUMENT # L03857

1. Entity Name

MANUEL DIAZ MANUFACTURERS' REPRESENTATIVE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11473 S.W. 29th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-0132560

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. 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

City

MIAMI

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|-----------------|--------------------|
| TITLE | PS D. |
| NAME | DIAZ, ANA M. |
| STREET ADDRESS | 11473 S.W. 29th St |
| CITY - ST - ZIP | MIAMI, FL |
| TITLE | TD |
| NAME | DIAZ, CARIDAD |
| STREET ADDRESS | 11473 S.W. 29th St |
| CITY - ST - ZIP | MIAMI, FL |
| TITLE | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmaria Diaz

A. DIAZ

4/24/03

(305) 221-9542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #