

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06754

1. Entity Name
DIAZ TOWING, INC.



FILED

03 DEC -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2110 N MIAMI AVE
MIAMI FL 33127
US

Mailing Address
2110 N MIAMI AVE
MIAMI FL 33127
US

2. Principal Place of Business

2110 N MIAMI AVE

3. Mailing Address

2110 N MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0251808

Applied For

Not Applicable

Zip

33127

Country

FLA

Zip

33127

Country

FLA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSE
2900 SW 2ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name MARTHA JULIA DIAZ

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

2900 S.W. 2 ST.

City

MIAMI

FL

Zip Code

33135

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: \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May
Added to Fee: ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DIAZ, JOSE
STREET ADDRESS 134 SW 7TH STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE V
NAME DIAZ, MARTHA J
STREET ADDRESS 134 SW 7TH STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE V.P.
NAME DIAZ, MARTA
STREET ADDRESS 2900 S.W. 2ST.
CITY-ST-ZIP MIAMI, FL, 33135 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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503265900197
03/19/03--90001--025 **550.00

12. 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-03

305 856 391

305 541 09