

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052999

1. Entity Name
DIEZ ARCHITECTURE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90238 006 ***150.00

Principal Place of Business Mailing Address
~~4970 SW 72 AVENUE SUITE 107~~
MIAMI FL 33155 ~~MIAMI FL 33155~~

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5001 SW 74 COURT #105 **5001 SW 74 COURT #105**
Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI, FL **MIAMI, FL**

City & State City & State
33155 USA **33155 USA**

Zip Country Zip Country

4. FEI Number **05 1012216** Applied For
Not Applicable

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
DIEZ, PEDRO Name
~~4970 SW 72 AVENUE SUITE 107~~ Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33155 **5001 SW 74 COURT #105**
City **MIAMI** FL Zip Code **33155**

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 **4.15.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEZ, PEDRO	NAME	
STREET ADDRESS	4970 SW 72 AVENUE SUITE 107	STREET ADDRESS	5001 SW 74 COURT #105
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: DATE **4.15.01** **305.663.1970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)