

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90041 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000105754**

1. Entity Name  
**DIEGO BUILDING SERVICE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>6237 S MANHATTAN AVE #79<br/>         TAMPA FL 33616</b> | Mailing Address<br><b>6237 S MANHATTAN AVE #79<br/>         TAMPA FL 33616</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-3681159</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

6. Name and Address of Current Registered Agent

**SOW, JOUNG MOON  
 6237 S MANHATTAN AVE #79  
 TAMPA FL 33616**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.   
 (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Sow, Jounq Moon<br/>6237 S. Manhattan Ave # 79<br/>Tampa FL 33616</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director<br/>Sow, Jounq Moon<br/>6237 S. Manhattan Ave # 79<br/>Tampa FL 33616</b> |
|  | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|  | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|  | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|  | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Jounq Moon Sow* Date: 1/3/2001 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)