

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

DOCUMENT # 9000043020

1. Entity Name

DIAZ Auto SERVICE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1118 W JEFFERSON

Suite, Apt. #, etc.

3. Mailing Address

7261 Newfield Dr

Suite, Apt. #, etc.

Tallahassee, FL

City & State

QUINCY FL.

City & State

32303

Zip

32351

Country

GADSDEN

Zip

32303

Country

LEON

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name MANUEL N DIAZ

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

7261 NEWFIELD DR.

City TALL.

FL

Zip Code 32303

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

Manuel N Diaz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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	NAME	TITLE	NAME
NAME	MANUEL N DIAZ	NAME	
STREET ADDRESS	1118 W. Jefferson St	STREET ADDRESS	
CITY-ST-ZIP	Quincy, FL 32351	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CBEB34B (12/01)

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 all other like empowered.

SIGNATURE: *Manuel N Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (850) 627-1622
Date Daytime Phone #