

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 039 ***150.00

0062516 AV

DOCUMENT # **P01000091894**

1. Entity Name
D TRANSMISSION, INC.



Principal Place of Business
**11310 SW 200 ST.
MIAMI FL 33157**

Mailing Address
**11310 SW 200 ST.
MIAMI FL 33157**

2. Principal Place of Business
10616 SW 185 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
10616 SW 185 TERRACE
Suite, Apt. #, etc.

City & State
MIAMI FLA
Zip
33157
Country
U.S.A

City & State
10616 SW 185 TERR
Zip
33157
Country
U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1139325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, EURIPIDES
11310 SW 200 ST.
MIAMI FL 33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Euripides Diaz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/03
DATE

- FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DIAZ, EURIPIDES**
STREET ADDRESS **11310 SW 200 ST.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **DIAZ, EMILIA**
STREET ADDRESS **11310 SW 200 ST.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Euripides Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03
Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80139411

PO1000091894

D Transmission, Inc.
Euripides Diaz
11310 SW 200 ST.
Miami, FL 33157-8824

August 9, 2003

Division of Corporations
Uniform Business Report Filings
P O BOX 1500
Tallahassee, FL 32302-1500

To whom it may concern,

We have received this form to continue the use of the corporation under the name of D Transmission, Inc. It is our understanding in reading this letter that it is a second request. The corporation was originally under the name of Aviation Plus 38, Inc. The name was changed in October of 2002. To this date we have never received a first request under either name. Per this notice, if no first request is received the \$400.00 penalty is waived. Enclosed you will find the payment for the annual fee of \$150.00.

Thank you,

Euripides Diaz
Euripides Diaz

Emilia Diaz
Emilia E. Diaz