

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91037 033 \*\*\*150.00

**DOCUMENT # P02000124851**

1. Entity Name  
**DIEZ INVESTMENTS, INC.**



Principal Place of Business: 16902 N.W. 83RD AVENUE, MIAMI FL 33016  
Mailing Address: 16902 N.W. 83RD AVENUE, MIAMI FL 33016



2. Principal Place of Business: 16902 N.W. 83RD AVENUE  
3. Mailing Address: 16902 N.W. 83RD AVENUE

CHECK HERE IF MAKING CHANGES

City & State: MIAMI LAKES, FLORIDA  
City & State: MIAMI LAKES, FLORIDA  
Zip: 33016 Country: USA

4. FEI Number: [Blank] Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DIEZ, FELIPE**  
16902 N.W. 83RD AVENUE  
MIAMI FL 33016

7. Name and Address of New Registered Agent  
Name: [Blank]  
Street Address (P.O. Box Number is Not Acceptable): [Blank]  
City: [Blank] FL Zip Code: [Blank]

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: \_\_\_\_\_ (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 Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: DIEZ, FELIPE STREET ADDRESS: 16902 N.W. 83RD AVENUE CITY-ST-ZIP: MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE: D NAME: DIEZ, ANDREWS STREET ADDRESS: 5210 N.W. 109TH AVENUE #103 CITY-ST-ZIP: MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE: D NAME: DIEZ, DAVID STREET ADDRESS: 15983 S.W. 15TH STREET CITY-ST-ZIP: PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE: D NAME: DIEZ, SIMON STREET ADDRESS: 16902 N.W. 83RD AVENUE #103 CITY-ST-ZIP: MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE: D NAME: DIEZ, MIGUEL STREET ADDRESS: 16902 N.W. 83RD AVENUE CITY-ST-ZIP: MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 4/04/2003 DAYTIME PHONE #: 305 824 9813

CR2E034 (10/02)