

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90191 020 ***150.00

DOCUMENT # P34447

1. Entity Name
DIESEL RADIATOR CO.



Principal Place of Business
**1985 JANICE AVENUE
MELROSE PARK IL 60160**

Mailing Address
**1985 JANICE AVENUE
MELROSE PARK IL 60160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2821637**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SUAREZ, JORGE H
551 W 51 PLACE
STE 306
HIALEAH FL 33012**

Name **HUMBERTO SUAREZ**
Street Address (P.O. Box Number is Not Acceptable)
205 GOLF VIEW DR
City **ISLAMORADA** FL Zip Code **33036**

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 *Humberto Suarez* **PRESIDENT** (NOTE: Registered Agent signature required when reinstating)

2/5/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SUAREZ, HUMBERTO**
STREET ADDRESS **1985 JANICE AVENUE**
CITY-ST-ZIP **MELROSE PARK IL**

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

TITLE **S** ☒ Delete
NAME **SUAREZ, JORGE L.**
STREET ADDRESS **1985 JANICE AVENUE**
CITY-ST-ZIP **MELROSE PARK IL**

TITLE **S** ☐ Change ☒ Addition
NAME **SUAREZ, LISA**
STREET ADDRESS **1985 JANICE Ave**
CITY-ST-ZIP **Melrose Park, IL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Humberto Suarez* **PRES** **2/5/03** **788-3459244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)