

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90081 033 \*\*\*158.75

0217489

**DOCUMENT # P93000029969**

1. Entity Name  
**CARMEN B. DIAZ PH. D. P.A.**

Principal Place of Business      Mailing Address  
**5681 SW 58TH CT**      **5681 SW 58TH CT**  
**MIAMI FL 33143**      **MIAMI FL 33143**

2. Principal Place of Business      3. Mailing Address  
**9421 SW 12 St.**      **9421 SW 12 St.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami Florida**      **Miami Florida**

4. FEI Number      Applied For  
**65-0412359**      Not Applicable

Zip      Country      Zip      Country  
**33174**      **Miami-Dade**      **33174**      **Miami-Dade**

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DIAZ, CARMEN B PH.D.**  
**5681 S.W. 58TH COURT**  
**MIAMI FL 33143**

**7. Name and Address of New Registered Agent**

Name      **Diaz, Carmen B. Ph.D.**  
 Street Address (P.O. Box Number is Not Acceptable)      **9421 SW 12 St.**  
 City      **Miami**      FL      Zip Code      **33174**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAZ, CARMEN B</b> <b>5681 S.W. 58TH COURT</b> <b>MIAMI FL 33143</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Diaz, Carmen B.</b> <b>9421 SW 12 St.</b> <b>Miami FL 33174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Carmen B. Diaz Ph.D.*      **Carmen B. Diaz Ph.D**      01/20/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      **305 485-1852**

CR2E034 (10/00)