2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000069988** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name SANDIAZ INVESTMENT, INC. 04-26-2000 90160 025 ***150.00 Mailing Address Principal Place of Business 2701 S.W. THIRD AVE. 2701 S.W. THIRD AVE. MIAMI FL 33129-2335 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-044 1002 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2701 SW 3RD AVENUE MIAMI FL 33129 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete SANTISTEBAN, ANA M NAME NAME STREET ADDRESS STREET ADDRESS 2701 S.W. 3RD AVE. CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33129** ☐ Change ☐ Addition TITLE ☐ Delete DIAZ, RICHARD J NAME STREET ADDRESS 2701 S.W. 3RD AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33129** CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filip indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowere changed, or on an attachment with an address, with all SIGNATURE:

NG OFFICER OR DIRECTOR