

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093276

1. Entity Name

DIETER INVESTMENTS, INC.

Principal Place of Business

104 CEAVON BLVD
STE 421 D
KEY BISCAVNE FL 33149

Mailing Address

104 CRANDON BLVD
421-D
KEY BISCAVNE FL 33149
US

2. Principal Place of Business

104 CRANDON BOULEVARD

3. Mailing Address

104 CRANDON BOULEVARD

Suite, Apt. #, etc.

#409

Suite, Apt. #, etc.

#409

City & State

KEY BISCAVNE

City & State

KEY BISCAVNE

Zip

33149

Country

USA

Zip

33149

Country

USA

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARIA C
104 CRANDON BLVD
STE 421-D
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name
RESEARCH MANAGEMENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

104 CRANDON BOULEVARD

#409

City

KEY BISCAVNE

FL

Zip Code

33149

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

Shari Porter SHARI PORTER 4/5/01
(NOTE: Registered Agent signature required when reinstating) DATE

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 D
NAME SAN MIGUEL, ALBERTO
STREET ADDRESS 690 WARREN LANE
CITY-ST-ZIP KEY BISCAVNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ALBERTO SAN MIGUEL
STREET ADDRESS 104 CRANDON BOULEVARD, #409
CITY-ST-ZIP KEY BISCAVNE, FLORIDA 33149 ☒ Change ☐ Addition

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

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

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

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

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

Maria C Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

305 361-2555

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)