

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90021 034 ***150.00

DOCUMENT # **P95 000000585**
 1. Entity Name
DLAZABAL & ASSOCIATES, INC.

Principal Place of Business
1840 W. 49 ST.
SUITE 225
Hialeah, FL 33012

Mailing Address
1840 W. 49 ST.
SUITE 225
Hialeah, FL. 33012

A0041967

2. Principal Place of Business
1840 W. 49 ST

3. Mailing Address
1840 W. 49 ST.

Suite, Apt. #, etc.
SUITE 510

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL.

4. FEI Number Applied For
 Not Applicable

City & State
Hialeah, FL.

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

Zip **33012** Country **USA** Zip **33012** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIVIA DLAZABAL
1840 W. 49 ST.
SUITE 225
HIALEAH, FL. 33012

Name
 Street Address (P.O. Box Number is Not Acceptable)
19630 NW 84 AVE.
 City **MIAMI** FL Zip Code **33015**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EIVIA DLAZABAL 19630 NW 84 AVE. MIAMI, FL. 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VICTOR M. DLAZABAL 19630 NW. 84 AVE. MIAMI, FL. 33015	<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

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	VP MARILYN O. RUANO 739 NW. 208 WAY Pembroke Pines, FL. 33029	<input type="checkbox"/> Change <input checked="" 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: *Victor M. Diazabal* **VICTOR M. DLAZABAL** 3/23/01 305-825-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)