## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

9301 SW 103 ST. MIAMI FL 33176-3056

## DOCUMENT # P95000073646

1. Entity Name

9301 SW 103 ST

MIAN FL 33176

Principal Place of Business

SIGNATURE:

SIGNATURE AND T

D'DIAZ ENTERPRISES, INC.

Principal Place of Business     3. Mailing Address				-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number 65-0611301		pplied For ot Applicable	
Zip Country Zip		Zip	Country 5.		Certificate of Status Desired S8.75 Additional Fee Required		ditional	
	6. Name and Address of Curren	Registered Agent		7. 1	Name and Address of New Registers	<u>-</u>		
·	-	Name	Name					
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address (P.O. Box Number is Not Acceptable)					
			City		F	Zip Coo	te	
SIGNATURE _	named entity submits this statement f	and title if applicable. (NOTE.	Registered Agent signature requ			E		
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.  ia on back)	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		10. Election Campaign Financing Trust Fund Contribution.	☐ Ådde	00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, JOSE F 9301 SOUTHWEST 103 STREE MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DIAZ, DAISY M 9301 SOUTHWEST 103 STREE MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition . d	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	on this report or supplemental report.	is true and accurate and that mo cowered to execute this report a	w signature shall have ti	he same.	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that da Statutes; and that my name appear	it i am an oilice.	er or alrector i	

TED MAKE OF SIGNING OFFICER OR DIRECTOR

J-J-2000

May 17, 2000 8:00 am Secretary of State 05-17-2000 90970 012 \*\*\*150.00