


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90058 007 ***150.00

DOCUMENT # P95000086916

1. Entity Name
DIAZ-SOTO INSURANCE ASSOCIATES, INC.



Principal Place of Business
1185 WEST 37 ST
HIALEAH FL 33012
US

Mailing Address
14530 DADE PINE AVE.
MIAMI LAKES FL 33014
US

90008644



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
620 East 49 St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hialeah, FL.

City & State

Zip
33013

Country
USA

4. FEI Number **65-0619548**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ-SOTO, NANCY
14530 DADE PINE AVENUE
MIAMI LAKES-FL 33014

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Nancy Diaz-Soto, Director** **01/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DIAZ-SOTO, NANCY 14530 DADE PINE AVE. MIAMI LAKES FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MARIN, MERCEDES DIAZ 1185 WEST 37 ST 620 East 49 St. HIALEAH FL 33012 Hialeah, FL. 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete DIAZ-GARCIA, NELIA 1185 WEST 37 ST 620 East 49 St HIALEAH FL 33012 Hialeah, FL. 33013
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mercedes Diaz-Marin 620 East 49 St Hialeah, FL. 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nelia Diaz-Garcia 620 East 49 St. Hialeah, FL. 33013
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Nancy Diaz Soto, Director** **01/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)