

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026021

1. Entity Name

F. DIAZ PRESS DISTRIBUTION, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90008 038 \*\*\*150.00

Principal Place of Business

Mailing Address

~~6857 W. 36 AVE~~

~~6857 W. 36 AVE~~

~~#204~~

~~#204~~

~~HIALEAH FL 33018~~

~~HIALEAH FL 33018-2900~~

US

US

2. Principal Place of Business

3. Mailing Address

1237 NW 112 ST

1237 NW 112 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0652004

Applied For

Not Applicable

Zip 33167

Zip 33167

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, FREDDY

~~6857 W 36 AVE~~

~~APT 204~~

~~HIALEAH FL 33018~~

Name

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

1237 NW 112 ST

City

MIAMI

FL

Zip Code

33167

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/13/00

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, 2000 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 0 ☐ Delete  
NAME DIAZ, FREDDY  
STREET ADDRESS 6857 W 36 AVENUE 204  
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☐ Change ☐ Addition  
NAME 1237 NW 112 ST  
STREET ADDRESS MIAMI, FL 33167  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/06/00

(305) 825-9667

CR2E034 (9/99)