2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051483				e i i a critici sprina i i i i i i i	
1. Entity Name NELSON DIEZ & ASSOCIATES, INC.					
**.					FILED
Principal Place	e of Business	Mailing Address			01 JUN 18 PM 2:05
4160 N. ARMEN STE. C	NIA AVE.	4160 N. ARMENIA AVE. STE. C			CEOPETADY OF STATE
		TAMPA FL 33607			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Zi i i i i i i i i i i i i i i i i i i		3. Mailing Address YI 60 N. ARMENA AUE		AUE AK	THE PROPERTY OF THE PROPERTY O
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		SUITE C			4. FEI Number 59-3390458 Applied For
TAMPA	1. FL. 35607	TAMPATEL	- 1	· La gram gray	Not Applicable
3360	7. Country	33607	Country	Ý S	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		Name . I_	7. Name and Address of New Registered Agent
DIEZ	NELSONS			NEL	SUN S DIEZ
5016	N SOWANEE AVE. Cha	ADDRESS	> [Street Address ((P.O. Box Number is Not Acceptable)
TAM	PA FL 33603	400 ress		TAMP	PA F1 33613
<i>.</i>				City	FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its re	gistered	office or registe	ered agent, or both, in the State of Florida.
SIGNATURE Signature, typed of printegriarre of registered agent enclated it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be					
Tax filing requirement and elects to do so. ——————————————————————————————————					
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE		Change ☐ Addition
NAME STREET ADDRESS	diez, Nelson 5016 n. Suwanee ave.		NAME STREET	ADDRESS 10	148 Sylva lane
CITY-ST-ZIP	TAMPA FL 33603		CITY-S	l	Janpa, C1 33(013
TITLE	VP	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	DIEZ, NELSON 5016 N. SUWANEE AVE.		NAME STREET	r ADDRESS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	48 Sylvia Lane
→ City-ST-ZIP	TAMPA FL 33603		CITY-S		ance 0-F1-33413-
TITLE	S OUEDDY	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	DIEZ, SHERRY 5016 N. SUWANEE AVE.		NAME STREET	ADDRESS \	ogs symia cars.
CITY-ST-ZIP	TAMPA FL 33603		CITY-S	ST-ZIP	anpa (PL 334 B)
TITLE		☐ Delete	TITLE		
NAME STREET ADDRESS			NAME STREET	T ADDRESS	-07/17/0101092006
CITY-ST-ZIP			CITY-S	ST-ZIP	****900.00 ****900.00
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			STREET	TADDRES	NSTATEMENT (2010-0)
CITY-ST-ZIP			- On the	ST-ZIP	
TITLE NAME	0.	☐ Delete	NAME		Change Apolition
STREET ADDRESS		and the Artist Marketine	STREET	T ADDRESS	,
CITY-ST-ZIP		A	CITY-S	anting of standing C	Continue 110 07/0Vi) Electide Statutos Liturbor contifu that the information
13. I hereby certify that the information supplied with this flipt 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: SIGNATURED OF USO 813-245-8415					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #					