

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90141 042 \*\*\*150.00

**DOCUMENT # P96000071256**

1. Entity Name  
**DIANA DE CARDENAS, P.A.**



Principal Place of Business  
**8100 S.W. 81 DRIVE  
8036  
MIAMI FL 33143  
US**

Mailing Address  
**10764 SW 110 TERR  
MIAMI FL 33176-3411**

70013937



2. Principal Place of Business

3. Mailing Address  
**8100 S.W. 81 Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**8036**

City & State

City & State  
**Miami, FL**

4. FEI Number  
**65-0689760**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33143**

**USA**

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

6. Name and Address of Current Registered Agent

**DE CARDENAS, DIANA  
10764 SW 110 TERR  
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **DIANA DE CARDENAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**8100 SW 81 DRIVE  
SUITE 8036**  
City **MIAMI** FL Zip Code **33143**

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

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 **D** ☐ Delete  
NAME **DE CARDENAS, DIANA**  
STREET ADDRESS **10764 SW 110 TERR**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **De Cardenas, DIANA**  
STREET ADDRESS **8100 SW 81 DRIVE, SUITE 8036**  
CITY-ST-ZIP **MIAMI, FL 33143**

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03

305-270-7968

CR2E034 (10/02)