

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90086 041 \*\*\*150.00

**DOCUMENT # P97000091757**1. Entity Name  
**FELIX R. DIAZ, P.A.**Principal Place of Business  
**8816 PARLIAMENT CT  
KISSIMMEE FL 34747**Mailing Address  
**717 EAST OAK STREET  
KISSIMMEE FL 34747**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13312 Fairway Glen Dr.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City &amp; State

4. FEI Number  
**59-3478360**Applied For  
Not ApplicableZip  
**32824**Country  
**USA**

Zip

Country

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****SWART, HARRY J  
717 E OAK ST  
KISSIMMEE FL 34744**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.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, 2002 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 ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **DIAZ, FELIX R**  
CITY-ST-ZIP **8816 PARLIAMENT CT  
KISSIMMEE FL 34747**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13312 Fairway Glen Drive**  
CITY-ST-ZIP **Orlando, FL 32824**TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)