

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90023 025 ***150.00

DOCUMENT # P98000000857
 1. Entity Name
DIAMAR MANAGEMENT, INC.

Principal Place of Business Mailing Address
~~43067 SW 1~~ **14170 SW 140 ST** P.O. BOX 164905
 MIAMI FL 33186 MIAMI FL 33116-4905
 US

2. Principal Place of Business 3. Mailing Address
14170 SW 140 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State, City & State
Miami, FL

Zip Country Zip Country
33186 USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DIAZ, GILBERT
~~43067 SW 122 AVE~~ **14170 SW 140 ST**
 MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **(Same)**
 Street Address (P.O. Box Number is Not Acceptable)
14170 SW 140 ST
 City **Miami** FL Zip Code **33186**

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 *Gilbert Diaz* DATE **4/19/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 *ck#1181*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete DIAZ, GILBERTO 43067 SW 122 AVE 14170 SW 140 ST MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete PICAR, MIGUEL A 43067 SW 122 AVE 14170 SW 140 ST MIAMI FL 33186
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14170 SW 140 ST Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14170 SW 140 ST Miami, FL 33186
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employed.

SIGNATURE: *Gilbert Diaz* DATE **4/19/00** DAYTIME PHONE # **(305) 238-9715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)