**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000000857 1. Entity Name DIAMAR MANAGEMENT, INC. 05-01-2001 90044 005 \*\*\*150.00 Principal Place of Business Mailing Address 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. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0802305 MIAM Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, GILBERT Street Address (P.O. Box Number is Not Acceptable) 13067 SW 122 AVE MIAMI FL 33186 SW City 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 Fiorida. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE DIAZ. GILBERTO NAME NAME 14170 SW 1405T STREET ADDRESS 13067 SW 122 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** MIAMI FL 33186 Change ☐ Addition DVS ☐ Delete TITLE TITLE PICAR, MIGUEL A NAME 14170 SW 140 ST 13067 SW 122 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33-186 CITY-ST-ZIP **MIAMILEL 33186** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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