2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P98000024942 DIAZ CONSTRUCTION MAINTENANCE SERVICES, INC. 01-25-2001 90209 039 ***150.00 Principal Place of Business Mailing Address 4701 LYONS RD. #226 7508 NW 44TH CT COCONUT CREEK FL 33073 APT - A CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 7508 NW 44 h Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0820723 Not Applicable oeul. Zip Country \$8.75 Additional 5. Certificate of Status Desired \square 3306S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 4701 LYONS RD, #226 **COCONUT CREEK FL 33073** Zip Code 33<u>065</u> 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. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 D ☐ Addition ☐ Delete TITLE DIAZ. ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 4701 LYONS RD, #226 CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** □ Change Addition Delete TITI F TITLE ZUNIGA, ELI S NAME NAME STREET ADDRESS STREET ADDRESS 4701 LYONS RD, #226 CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP Change TITLE ☐ Delete TITLE ☐ Addition 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 like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR