# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059723

1. Entity Name

D & P IRON HOME SECURITY, CORP

FILED

00 DEC 28 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4077 NW 135TH ST.
OPALOCKA, FL. 33054

Mailing Address

SAME

**REINSTATEMENT 2000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4077 NW 135TH ST.

Suite, Apt. #, etc.

City & State

OPALOCKA FL.

Zip

33054

Country

MIAMI DADE

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

F

Zip

Country

4. FEI Number

650849346

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON J. DIAZ
92 NW. 31 ST. APT. 3
HIALEAH, FL. 33012

7. Name and Address of New Registered Agent

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 X Nelson J. Diaz

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>OSOY DIAZ<br>9920 W. OKEECHOBEE RD. APT. V23-D<br>HIALEAH GARDENS, FL. 33016 | ☒ Delete | DIRECTOR<br>MARIA A. DIAZ<br>92 W. 31ST STREET APT # 6<br>HIALEAH FL. 33012 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>NELSON J. DIAZ<br>92 W. 31 ST. APT. 3<br>HIALEAH, FL. 33012 | ☐ Delete | 900003573429--3<br>-01/24/01--01085--004<br>****365.00 ****365.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 900003573429--3<br>-01/24/01--01085--005<br>*****95.00 *****95.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 900003573429--3<br>-01/24/01--01085--006<br>****290.00 ****290.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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 empowered.

**SIGNATURE:** X Nelson J. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #