

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000059723**

1. Entity Name

D & P IRON HOME SECURITY, CORP.

FILED

01 MAR 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4077 NW. 135TH ST.
OPA-LOCKA, FL. 33054

4077 NW. 135TH ST.
OPA-LOCKA, FL. 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849346

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

DIAZ, MARIA A.

Street Address (P.O. Box Number is Not Acceptable)

92 W. 31st STREET, APT. #6

City

HIALEAH

FL

Zip Code

33012

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

Maria Diaz

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR. 27/01

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, 2001 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	D - PRESIDENT	<input type="checkbox"/> Delete
NAME	DIAZ MARIA A.	
STREET ADDRESS	92 W. 31st STREET, APT. #6	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, NELSON J.	
STREET ADDRESS	92 W 31st STREET, APT. 3	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003953697	
STREET ADDRESS	-04/03/01-01078-014	
CITY-ST-ZIP	*****150.00 *****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003953698	
STREET ADDRESS	-04/03/01-01078-015	
CITY-ST-ZIP	*****0.75 *****0.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Maria Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 26/01

Date

305 6852151

Daytime Phone #