

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075057

1. Entity Name  
DE DIEGO & SON, CORP.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90005 013 \*\*\*550.00

Principal Place of Business

5830 W 14TH AVE  
HIALEAH FL 33012  
US

Mailing Address

5830 W 14TH AVE  
HIALEAH FL 33012

2. Principal Place of Business

481 W. 39 PL.

3. Mailing Address

481 W. 39 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0859745

Applied For

Not Applicable

Zip

Country

33012

USA

Zip

Country

33012

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE DIEGO, JORGE LUIS  
5830 W 14TH AVE  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name DE DIEGO, JORGE LUIS

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

481 W. 39 PL.

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

*Jorge L. De Diego President*

*7/28/00*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME DE DIEGO, JORGE LUIS  
STREET ADDRESS 5830 W 14TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DE DIEGO, JORGE LUIS  
STREET ADDRESS 481 W. 39 PL.  
CITY-ST-ZIP HIALEAH, FL 33012

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Jorge L. De Diego*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)