

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90190 023 \*\*\*158.50

DOCUMENT # P98000079240

1. Entity Name

DIAZ & SONS ENTERPRISE, INC.

Principal Place of Business

1583 ENSENADA DRIVE  
ORLANDO FL 32825

Mailing Address

1583 ENSENADA DRIVE  
ORLANDO FL 32825

2. Principal Place of Business

1850 TYSON RD

Suite, Apt. #, etc.

ST CLOUD

3. Mailing Address

1850 TYSON RD

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

ST CLOUD

Zip

34771

Country

ORLEOLA

Zip

34771

Country

ORLEOLA

4. FEI Number

59-3529945

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, ORLANDO JR.  
1583 ENSENADA DRIVE  
ORLANDO FL 32825

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-16-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, ORLANDO JR.	
STREET ADDRESS	1583 ENSENADA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIAZ, ADA	
STREET ADDRESS	1583 ENSENADA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIAZ, ORLANDO F	
STREET ADDRESS	1583 ENSENADA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIAZ, ANAIS C	
STREET ADDRESS	1583 ENSENADA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-16-01

CR2E034 (10/00)