2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000086647 Mar 25, 2000 8:00 am **Secretary of State** GRAN DIA PROPERTIES, INC. 03-25-2000 90004 017 ***150.00 Principal Place of Business Mailing Address 3120 WEST NORTH STREET 3120 WEST NORTH STREET TAMPA FL 33614 TAMPA FL 33614-4605 C0044234 2. Principal Place of Business 3. Mailing Address 27908 Summer Place Dr. Downs Blud 14529 BRUCE B. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3542842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 336/3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ. ROBERT D Street Address (P.O. Box Number is Not Acceptable 27908 Summer Place 3120 WEST NORTH STREET **TAMPA FL 33614** 8. The above name is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition DIAZ, ROBERT D NAME NAME 27908 Summer Place Drive STREET ADDRESS 3120 WEST NORTH STREET STREET ADDRESS Wesley Chipel, FL 33543 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** D ☐ De′ete TITLE Addition NAME DIAZ. DIANE F NAME 27908 Summer Place STREET ADDRESS 3120 WEST NORTH STREET STREET ADDRESS Wesley Chapel, FL. 33543 CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33614 TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 employered 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:

PRINTED NAME OF SIGNING OFFICER