Ap<u>r</u> 04 02 04:35p

1. Enlity Name

Diaz Corp of Coral Way

3054463444

AMENDED

## الميشش عشمتوآ 2002 FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P98000088210

FILED

02 APR 11 PH 4: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GOOD HE	EALTH ON	1 THE	BEACH,	INC.	
DO NO  2. Principal Place of Business		EIN	THIS S	PACI	
<u>1131 71 Stre</u>	et		iling Address 31 71	Stree	- <del></del> et
Suite, Apt. #, etc.		Suit	le. Apt #. etc.		
Cily & State Miami Beach,		,	ami Bea	ech. I	
Zip Co	Country	Zip		Country	

300005452153--6 -05/06/02--01023--002 \*\*\*\*\*\*61.25 \*\*\*\*\*\*61.25 DO NOT WRITE IN THIS SPACE

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City & State		City & State			4 55141						
Miami Beach, FL		Miami Beach, FL			4. FEI Number 65-0869726			Ĺ	Applied F	or	
Zip	Country	Zip	Country							Not Appli	cable
33141	USA	33141	ÚS.	A.	5. Certifica	te of Status Des	ired [	ב ב	8.7	5 Additional equired	
DO NOT WRITE				7. Name and Address of Current Registered Agent Name RUY PARDO							
			<u>F</u>								
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)							
	ACE		6801 INDIAN CREEK APT 507								
8. The above-named entity submits this statement for the purpose of changing its re			City	CityMIAMI BEACH FL Zing Sque						3141	
	- Socialis dus statement for t	ne purpose of changing its	registered office	or registered	agent, or b	out, in the State	of Florida.				
SIGNATURE											
	or printed name of registered agent and	Little if applicable two re	0								- 1
		T	. Registored Agent sig		art reinstating)			DATE			- 1
<ol> <li>This corporation is eligit Tax filing requirement a (See criteria on back)</li> </ol>	ble to satisfy its Intangible and elects to do so.	*Amended	1, Fee is \$550. I UBR is \$61-2	00	1974 <del>-</del>	lection Campaig	n Financin	9 🗀	\$	5.00 мау 6	e e
11.	OFFICERS AND DI	Make Check Payab	le to Departme	nt of States		OSE ONE COND	DUDON,	u	A	dded to Fees	
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45-12-YI			STREET ADDRESS			<b>成為不</b>	AHA.	11/			
TLE .	<del></del>		CITY-ST-ZIP		1000 (1990) 1		m X V				
AME			TITLE	15000	100 100			<del></del>			$\dashv$

13. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 on an analysis of the corporation of the corporation of the corporation of 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 on an analysis of the corporation of the corp

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RUY-PARDO SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

APRIL 04,2002