2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P99000002337

1. Entity Name

R. DIAZ DISTRIBUTORS, INC.
% RENE DIAZ

Principal Place of Business	Mailing Address
P.O. BOX 441893 MIAMI, FL. 33144	P.O. BOX 441893 MIAMI, FL. 33144

FILED
Aug 01, 2000 8:00 am
Secretary of State
06-09-2000 90213 016 ***150.00

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R. DIAZ DISTRIBUTORS, INC. % RENE DIAZ
P. O. BOX 441893
MIAMI, FL. 33144

7. Name and Address of New Registered Agent

Name RENE DIAZ
Street Address (P.O. Box Number is Not Acceptable) 2655 Collins Ave #2305 Mia Beach,
City MIAMI BEACH FL Zip Code 33140

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] 7/20/00
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 $150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete RENE DIAZ 100 LINCOLN ROAD APT. 718 MIAMI BEACH, FL. 33139-2025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition RENE DIAZ 2655 Collins Ave #2305 Miami Beach, FL 33140
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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] RENE DIAZ 04-20-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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6/9/00-90213-016-$150.00-$150.00

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R. DIAZ DISTRIBUTORS, INC.
% RENE DIAZ

107008

[redacted]

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #