

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043969

1. Entity Name

DOUBLE D ASSET MANAGEMENT, CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90214 033 ***150.00

Principal Place of Business

Mailing Address

947918

2. Principal Place of Business

3. Mailing Address

7175-SW-8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33144

4. FEI Number

65-0918257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCEDES DESSAU

7175 SW 8th Street, Suite 204

Miami, FL 33144

Name

VICTOR DANIEL DIAZ

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

655 Buttonwood Lane

City

Miami

FL

Zip Code
33137

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

Victor Daniel Diaz

04/19/2000

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	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Pres/Treas/Sec	Victor Daniel Diaz	655 Buttonwood Lane	Miami, FL 33137	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President	Virginia AUSA de Diaz	655 Buttonwood Lane	Miami, FL 33137	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Daniel Diaz

04/19/2000

DATE

Daytime Phone #

CR2E034 (9/99)