

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000084789

1. Entity Name

DIES PLUS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4165 NW 132 STREET

3. Mailing Address

4165 NW 132 STREET

Suite, Apt. #, etc.

BAY 17 & 18

Suite, Apt. #, etc.

BAY 17 & 18

City & State

OPA LOCKA, FL

City & State

OPA LOCKA, FL

4. FEI Number

65-0960111

Applied For

Not Applicable

Zip

33054

Country

US

Zip

33054

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name HECTOR H. CAMACHO

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

4165 NW 132 ST., BAY 17 & 18

City OPA LOCKA

FL

Zip Code  
33054

**DO NOT WRITE  
IN THIS SPACE**

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

*H. Camacho*

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

(NOTE: Registered Agent signature required when re-registering)

8-22-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

(P) HECTOR H. CAMACHO  
4165 NW 132 ST., BAY 17 & 18  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

7000007634517--  
-09/10/02--01045--014

\*\*\*450.00 \*\*\*450.00

**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten Signature]*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*H. Camacho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02

Date

Daytime Phone #

FILED

02 AUG 23 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00-02 UBR  
DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

2012

DIES PLUS  
DOC.#P99000084789

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY,



HECTOR H. CAMACHO  
PRESIDENT