

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36728

1. Entity Name

DIAZ-PADRON & ASSOCIATES, P.A.

Principal Place of Business

250 BIRD ROAD  
SUITE 206  
CORAL GABLES FL 33146  
US

Mailing Address

250 BIRD ROAD  
SUITE 206  
CORAL GABLES FL 33146  
US

2. Principal Place of Business

3911 S.W. 67th AVE.

Suite, Apt. #, etc.

3. Mailing Address

3911 S.W. 67th AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33155

Country

City & State

MIAMI, FL.

Zip

33155

Country

4. FEI Number

65-0267627

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ-PADRON, CARLOS  
250 BIRD ROAD  
SUITE 206  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

3911 S.W. 67th AVE.

City

MIAMI

FL

Zip Code

33155

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, 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, 2001 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

TITLE  
NAME  
DPS  
DIAZ-PADRON, CARLOS  
STREET ADDRESS  
250 BIRD ROAD  
CITY-ST-ZIP  
CORAL GABLES FL 33146

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3911 S.W. 67th AVE.  
MIAMI, FL 33155

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #

FILED  
Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90061 003 \*\*\*158.75

C0036298



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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