

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S44531

0291040 AV

DOCUMENT # S44531

1. Entity Name
DIESEL MACHINERY REALTY 2, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 17 AM 7:41

Principal Place of Business
2050 N.W. 95 AVE.
MIAMI FL 33172
US

Mailing Address
2050 N.W. 95 AVE.
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4/17/03 90148 029 \$300.4

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0256179

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

MILLER, ROBERT
414 NE 4TH STREET
FORT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FRANCO GIANGRANDI V
STREET ADDRESS 345 W 74 PL
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS 2050 NW 95 Avenue
CITY-ST-ZIP Miami FL 33172 ☐ Change ☐ Addition

TITLE VTS
NAME MATUSZAK, CHARLES
STREET ADDRESS 345 W 74 PL
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS 2050 NW 95 Avenue
CITY-ST-ZIP Miami FL 33172 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

1-6-03

Date

305-392-2500

Daytime Phone #

CR2E034 (10/02)