

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90160 032 ***150.00

014036 AV

DOCUMENT # V14864

1. Entity Name
LUIS J. DIAZ DMD P.A.

Principal Place of Business
18621 WENTWORTH DRIVE
MIAMI FL 33015

Mailing Address
18621 WENTWORTH DRIVE
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0313773**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, LUIS J.
18621 WENTWORTH DR.
MIAMI FL 33015

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.

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, 2002 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 **DPS** ☐ Delete
DIAZ, LUIS J.
 STREET ADDRESS **18621 WENTWORTH DR.**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE _____
 NAME **T** ☐ Delete
DIAZ, LUIS J.
 STREET ADDRESS **18621 WENTWORTH DR.**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

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

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

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: *LUIS J. DIAZ DMD P.A.* *LUIS J. DIAZ DMD Accidental* *4-5-02* *305-829-2792*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)