

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90036 011 ***150.00

DOCUMENT # F96000006264

1. Entity Name

UNITED DIAMOND CORPORATION

Principal Place of Business

Mailing Address

24 S. RIVER ST.
 WILKES BARRE PA 18703-1525

24 S. RIVER ST.
 WILKES BARRE PA 18702-2406

828290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2494374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRATTON, DOUGLAS D ESQ
407 LINCOLN RD., #2B
MIAMI BEACH FL 33139

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, 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	D	<input type="checkbox"/> Delete
NAME	ZITOFSKY, JOEL	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZITOFSKY, RONNE K	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	PATTERSON, SHERRI L	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	SHOVAL, Y J	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOVAL, SUSAN W	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEZINSKI, WILLIAM M.	
STREET ADDRESS	24 S RIVER ST	
CITY-ST-ZIP	WILKES BARRE PA 18703	

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

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

(570)829-2101

Daytime Phone #

CR2E034 (9/99)