2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 21 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002023 AF

DOCUMENT # L95000000234

1. Entity Name
BLACK DIAMOND ADMINISTRATIVE SERVICES, L.C.

Principal Place of Business	Mailing Address
540 E. MCNAB ROAD SUITE D POMPANO BEACH FL 33060	540 E. MCNAB ROAD SUITE D POMPANO BEACH FL 33060-9354

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MNM DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0574527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OATES, DANIEL E ESQ 1500 EAST ATLANTIC BLVD SUITE B POMPANO BEACH FL 33060	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-05/10/00--01009--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FREDOT, INC. 540 E. MCNAB RD., STE. D POMPANO BEACH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LORJA, INC. 540 E. MCNAB RD., STE. D POMPANO BEACH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ (984) 786-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #