

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90051 041 \*\*\*150.00

**DOCUMENT # M31107**

1. Entity Name

**AMERICAN DIAMOND EXCHANGE INC.**

Principal Place of Business

Mailing Address

**4298 SOUTH UNIVERSITY DRIVE  
 DAVIE FL 33328-3007**

**4298 SOUTH UNIVERSITY DRIVE  
 DAVIE FL 33328-3007**

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

**59-2671685**

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

**ROEDER, GIL  
 4298 SOUTH UNIVERSITY DRIVE  
 DAVIE FL 33314**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	ROEDER, GIL		
10303 NW 7 ST	10303 NW 7 ST		
PLANTATION FL 32324	PLANTATION FL 32324		
VP	ROEDER, SANDRA		
10303 NW 7 ST	10303 NW 7 ST		
PLANTATION FL 33324	PLANTATION FL 33324		
S	TODD, ROEOER		
10303 NW 7 ST	10303 NW 7 ST		
PLANTATION FL 33324	PLANTATION FL 33324		

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

**GIL ROEDER**  
**SIGNATURE REQUIRED**

1/4/2000 305-4736151  
 Date Daytime Phone #

CR2E034 (9/99)