

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001362

1. Entity Name

FUTURE DIAMONDS INC.

Principal Place of Business

Mailing Address

456 BROWARD AVENUE
LAKE WORTH FL 33463

456 BROWARD AVENUE
LAKE WORTH FL 33463-2002

2. Principal Place of Business

456 BROWARD AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

Zip

33463

Country

US

Country

4. FEI Number

63-0899210

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

LOHMEYER

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BIELAWSKI, DEBI	
STREET ADDRESS	456 BROWARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DE V.P.	☐ Delete
NAME	WRIGHT, RON	
STREET ADDRESS	456 BROWARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DE V.P.	☐ Delete
NAME	HERMANSEN, CHAD	
STREET ADDRESS	456 BROWARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	☐ Delete
NAME	RENE LACHMAN	
STREET ADDRESS	456 BROWARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	P	☐ Delete
NAME	GEORGE BIELAWSKI	
STREET ADDRESS	456 BROWARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	☐ Delete
NAME	DAMIAN MOSS	
STREET ADDRESS	456 BROWARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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: D. BIELAWSKI REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90020 040 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)