

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90071 041 ***150.00

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1. Entity Name
WHITE DIAMOND BURGER, INC.

Principal Place of Business
**900 COLONY POINT CIR. BLDG 1 #409
PEMBROKE PINES FL 33026**

Mailing Address
**900 COLONY POINT CIR. BLDG 1 #409
PEMBROKE PINES FL 33026**

11007560



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3696152

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

**MELAMED, GARRY
21215 NE 19 CT
N MIAMI BCH FL 33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELAMED, MANUEL 900 COLONY POINT CIR, BLDG 1 #409 PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLINE, STARLETT 3200 PORT ROYALE DR, N #704 FT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MELAMED, GARRY 21215 NE 19 CT N MIAMI BCH. FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHREIBER, SHERRI B. 21215 NE 19 CT N MIAMI BCH. FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MELAMED, MANUEL 21215 NE 19 CT N MIAMI BCH. FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VINEBERG, ALLAN J. 21215 NE 19 CT N MIAMI BCH. FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 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

4/21/03 305-931-2211
Date Daytime Phone #

CR2E034 (10/02)