

**602 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90032 036 \*\*\*150.00

US36297  
 AV

**DOCUMENT # P99000002451**  
 1. Entity Name  
**DIAMOND EDGE, INC.**

Principal Place of Business      Mailing Address  
**210 E. RIVERBEND DR.**      **210 E. RIVERBEND DR.**  
**SUNRISE FL 33326**      **SUNRISE FL 33326**



2. Principal Place of Business      3. Mailing Address  
**111 NW 183RD ST**      **111 NW 183RD ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**301**      **301**  
 City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2138745**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAUFER, STEVEN A**  
**210 E. RIVERBEND DR.**  
**SUNRISE FL 33326**

7. Name and Address of New Registered Agent  
 Name **Steven A. LAUFER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**111 NW 183 ST Ste 301**  
 City **MIAMI**      FL      Zip Code **33169**

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Steven A LAUFER</b> <input type="checkbox"/> Delete <b>111 NW 183 ST Ste 301</b> <b>MIAMI FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>HELMAN, ROBERT I</b> <input checked="" type="checkbox"/> Delete <b>210 E. RIVERBEND DR.</b> <b>SUNRISE FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven Laufer* **STEVEN LAUFER President** 1/22/02      305-654-0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)