2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013232

ALLIED DIAMOND PRODUCTS, INC

Principal Place of Business Mailing Address 3404 EMERALD OAKS DRIVE P.O. BOX 220946 HOLLYWOOD FL 33022 HOLLYWOOD FL 33021 2. Principal Place of Business 3._Mailing Address 816302 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0891856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name D'AGOSTINO, LUCIA 3104 EMERALD DAKE DRIVE 4851 W.36 ST. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 Houywood, Fl. City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Pres. Delete TITLE TITLE D'AGOSTINO D'AGOSTINO, LUIGI NAME NAME 11 Gi 3404 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS W. 36 ST HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP our wood, Fl D TITLE ☐ Addition 🗀 Delete . Pres TITLE 'AGOST INU D'AGOSTINO, LUCIA NAME NAME UCIA 3404 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 4881 HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE TITLÈ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

106/01 954-9f6-41365

FILED

May 11, 2001 8:00 am Secretary of State

05-11-2001 90066 018 ***150.00