

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90060 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S92183**

1. Entity Name  
**DIAMOND TRANSFER CORP.**

Principal Place of Business      Mailing Address  
**3440 N.W. NORTH RIVER DRIVE**      **3440 N.W. NORTH RIVER DRIVE**  
**MIAMI FL 33142**      **MIAMI FL 33142-4925**

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      **65-0391497**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GALVEZ, RENE A.**  
**12693 NW 8 TERR**  
**MIAMI FL 33182**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABUN, LINCOLN JR.</b>	NAME	
STREET ADDRESS	<b>1600 S.E. 15 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABUN, SANTIAGO A</b>	NAME	
STREET ADDRESS	<b>14481 S.W. 71 LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORA, MARGARITA B</b>	NAME	
STREET ADDRESS	<b>14358 S.W. 90 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABUN, F., LINCOLN H</b>	NAME	
STREET ADDRESS	<b>14481 SW 71 LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALVEZ, RENE A</b>	NAME	
STREET ADDRESS	<b>12693 N.W. 8 TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	CITY-ST-ZIP	
TITLE	<b>ASTO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RRES, LIZETTE M. B</b>	NAME	
STREET ADDRESS	<b>10621 N. KENDALL DRIVE, #121</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	CITY-ST-ZIP	

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: \_\_\_\_\_ **FILED**      Date: **4/12/00**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)