

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 510658

1. Entity Name

FABULOUS DIAMONDS OF HIALEAH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90237 046 ***150.00

Principal Place of Business	Mailing Address
WEST 49TH ST. FL 33012	655 N.W. 57TH AVENUE MIAMI FL 33126-4814 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1683866	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FERRO, SIMON 655 NW 57TH AVE MIAMI FL 33126

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	MORALES, ELOISA FERRO
STREET ADDRESS	655 N.W. 57TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	FERRO, SIMON
STREET ADDRESS	655 N.W. 57TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	FERRO, ANGEL M.
STREET ADDRESS	655 N.W. 57TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FERRO, SIXTO
STREET ADDRESS	655 NW 57TH AVE
CITY-ST-ZIP	MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: SIXTO FERRO 1/10/00 (805) 204-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)