## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am \$ Secretary of State F00000000354 DOCUMENT # DIAMOND FUNDING SPECIAL PURPOSE CORPORATION I IN Principal Place of Business Mailing Address 2400 E. LAS OLAS BLVD.. #261 2400 E. LAS OLAS BLVD., #261 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0878338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TILSON, NICOLE M OSL Street Address (P.O. Box Number is Not Acceptable) 2400 E. LAS OLAS BLVD., #261 FT. LAUDERDALE FL 33301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE tilson, OSL - Picole Hol TILSON, NICOLE M OSL NAME NAME 224 S.E. 17 AVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Delete ------ :- Change - - ... Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing looes 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 faccurate and transported and transported in the corporation or the receiver or trustee empowered to secure this report is grounded by the security inapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in Bl