

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90070 035 ***150.00

DOCUMENT # F00000005048

1. Entity Name
KAY DIAMOND LTD., INC.

Principal Place of Business
**10 EAST MERRICK RD.
 VALLEY STREAM NY 11580**

Mailing Address
**10 EAST MERRICK RD.
 VALLEY STREAM NY 11580**

2. Principal Place of Business
**10813 NW 30TH ST.
 SUITE #107
 MIAMI FL**

3. Mailing Address
**10 E. MERRICK RD.
 SUITE # 210
 VALLEY STREAM NY**



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
 Zip
33172
 Country
USA

City & State
VALLEY STREAM NY
 Zip
11580
 Country
USA

4. FEI Number **11-3103616**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGH, KAY L
 10813 NW 30TH STREET
 MIAMI FL 33172**

Name
K C LATCHMANSINGH
 Street Address (P.O. Box Number is Not Acceptable)
**KAY DIAMOND LTD.
 10813 NW 30TH STREET STE107**
 City
MIAMI FL Zip Code
33172

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 *K-C Singh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PC SINGH, KAY L 82-34 LANGDALE STREET NEW HYDE PARK NY 11040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANTORI, FRANCESCO 942 WASHINGTON ST. APT. 01 FRANKLIN SQUARE NY 11010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMERI, MAURIZIO ONE PENN PLAZA NEW YORK NY 10119 <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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LATCHMANSINGH, K.C. 292 W. WINDSOR PARKWAY OCEANSIDE NY 11572 <input checked="" 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
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: *K-C Singh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)