

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005048

1. Entity Name  
KAY DIAMOND LTD., INC.

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

02-21-2001 90070 035 \*\*\*150.00

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, Apt. #, etc.

SUITE #107

City & State

MIAMI FL

Zip

33172

Country

USA

3. Mailing Address

10 E. MERRICK RD.

Suite, Apt. #, etc.

SUITE # 210

City & State

VALLEY STREAM NY

Zip

11580

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

KC LATCHMANSINGH

Street Address (P.O. Box Number is Not Acceptable)

KAY DIAMOND LTD.

10813 NW 30TH STREET STE 107

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

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

TITLE PC ☐ Delete

NAME SINGH, KAY L  
STREET ADDRESS 82-34 LANGDALE STREET  
CITY-ST-ZIP NEW HYDE PARK NY 11040

TITLE DV ☐ Delete

NAME SANTORI, FRANCESCO  
STREET ADDRESS 942 WASHINGTON ST. APT. 01  
CITY-ST-ZIP FRANKLIN SQUARE NY 11010

TITLE S ☐ Delete

NAME AMERI, MAURIZIO  
STREET ADDRESS ONE PENN PLAZA  
CITY-ST-ZIP NEW YORK NY 10119

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☒ Change ☐ Addition

NAME LATCHMANSINGH, K.C.  
STREET ADDRESS 292 W. WINDSOR PARKWAY  
CITY-ST-ZIP OCEANSIDE NY 11572

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)