## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # F00000005048 1. Entity Name 02-19-2002 90068 024 \*\*\*150.00 KAY DIAMOND LTD., INC. Principal Place of Business Mailing Address 10813 NW 30TH ST. 10 EAST MERRICK RD. **SUITE #210** SUITE:#107 MIAMI FL 33172 VALLEY STREAM NY 11580 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 11-3103616 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 17 to 18 6. Name and Address of Current Registered Agent LATCHMANSINGH, KC Street Address (P.O. Box Number is Not Acceptable) KAY DIAMOND LTD. 10813 NW 30TH STREET, STE 107 Zip Code **MIAMI FL 33172** City 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME LATCHMANSING, K.C. STREET ADDRESS STREET ADDRESS 292 W. WINDSOR PARKWAY CITY-ST-ZIP CITY-ST-ZIP **OCEANSIDE NY 11572** Change Addition ☐ Delete TITLE TITLE D۷ SANTORI, FRANCESCO NAME NAME SANTORI, FRANCESCO 10 E. MERRICK ROAD STREET ADDRESS STREET ADDRESS 942 WASHINGTON ST. APT. 01 11580 VALLEY STREAM CITY-ST-ZIP CITY-ST-ZIP FRANKLIN SQUARE NY 11010 ☐ Addition ☐ Change ☐ Delete TITLE S NAME AMERI, MAURIZIO STREET ADDRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10119 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEE HE LET'S TALL MAIN TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME PROGRAMMA IN TO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CARCALATCHMANSINGH

FILED