2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 19, 2000 8:00 am **DOCUMENT # F49813** 1. Entity Name Secretary of State DIAMOND AUTOMOTIVE ENTERPRISES, INC. 01-19-2000 90293 024 ***158.75 Principal Place of Business Mailing Address 1800 NW 97 TER. 1**80**0 NW 97 TER. CORAL SPRINGS FL 33071-5951 CORAL SPRINGS FL 33071-5951 **ለሀሀሀ/4**ዴያ። 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State ----4.-FEI.Number-59-2136911 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLAGMAN, BRUCE** Street Address (P.O. Box Number is Not Acceptable) 1800 NW 97 TER. CORAL SPRINGS FL 33071-5951 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BLAGMAN, BRUCE STREET ADDRESS STREET ADDRESS 1800 NW 97 TER. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071-5951 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-" # Constant to the state of 13. I hereby certify that the information supplied with this filling 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.

EDMAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #