

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90014 029 \*\*\*150.00

**00055371**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> F95000001462
<b>1. Entity Name</b> DIAMOND TREE, INC.

<b>Principal Place of Business</b> 900 Phillips Point West 777 South Flagler Drive West Palm Beach, FL 33401	<b>Mailing Address</b>
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<b>2. Principal Place of Business</b> 5841 Corporate Way Suite, Apt. #, etc. Suite 200 City & State West Palm Beach, FL Zip 33407-2039	<b>3. Mailing Address</b> 5841 Corporate Way Suite, Apt. #, etc. Suite 200 City & State West Palm Beach, FL Zip 33407-2039
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<b>4. FEI Number</b> 65-0568403	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> Pomeranz, Mark Law Offices of Pomeranz & Landsman 12955 Biscayne Blvd. Suite 202 North Miami, FL 33181
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
<b>TITLE</b> President & Director <input checked="" type="checkbox"/> Delete	<b>NAME</b> Elizabeth D. Connelly
<b>STREET ADDRESS</b> 900 Phillips Point West, 777 S Flagler Drive West Palm Beach, FL 33401	<b>CITY-ST-ZIP</b>
<b>TITLE</b> TSD <input checked="" type="checkbox"/> Delete	<b>NAME</b> Gary Hanger
<b>STREET ADDRESS</b> 900 Phillips Point West, 777 S Flagler Drive West Palm Beach, FL 33401	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Elizabeth D. Connelly
<b>STREET ADDRESS</b> 5841 Corporate Way, Suite 200 West Palm Beach, FL 33407-2039	<b>CITY-ST-ZIP</b>
<b>TITLE</b> TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Gary Hanger
<b>STREET ADDRESS</b> 5841 Corporate Way, Suite 200 West Palm Beach, FL 33407-2039	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **Elizabeth D. Connelly** 4/25/01 (561) 835-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)