

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90726 037 ***150.00

0354798 AV

DOCUMENT # F95000001462
 1. Entity Name
DIAMOND TREE, INC.

Principal Place of Business 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH FL 33407-2039	Mailing Address 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH FL 33407-2039
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2. Principal Place of Business <i>5841 Corporate Way</i> Suite, Apt. #, etc. <i>Suite 103</i>	3. Mailing Address <i>5841 Corporate Way</i> Suite, Apt. #, etc. <i>Suite 103</i>
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City & State <i>West Palm Beach, FL</i>	City & State <i>West Palm Beach, FL</i>	4. FEI Number 65-0568403	Applied For <input type="checkbox"/> Not Applicable
Zip 33407-2039	Country USA	Zip 33407-2039	Country USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
POMERANZ, MARK
LAW OFFICES OF POMERANZ & LANDSMAN
12955 BISCAYNE BLVD, SUITE 202
N MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	TSD HANGER, GARY 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH FL 33407-2039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELLY, ELIZABETH D 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH FL 33407-2039	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>All other information remains the same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Suite 103</i>	<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

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]* Date: *3/31/02* Daytime Phone #: *561-696-4422*

CR2E034 (9/01)