## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **F96000004840** Mar 02, 2000 8:00 am Secretary of State ROSENBERG-DIAMOND DEVELOPMENT CORP. 03-02-2000 90104 038 \*\*\*150.00 Principal Place of Business Mailing Address 1919 WILLIAMSBRIDGE RD 1919 WILLIAMSBRIDGE RD BRONX NY 10461-1604 **BRONX NY 10461** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3076179 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALDERON, JACK Street Address (P.O. Box Number is Not Acceptable) 4834 S.W. 75TH AVENUE **MIAMI FL 33155** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution.\* Added to Fees f (See criteria on back) Make Check Payable to Department of State. OFFICERS AND DIRECTORS Change ☐ Addition PCD TITLE □ Delete DIAMOND, DAVID T NAME NAME STREET ADDRESS STREET ADDRESS 1942 WILLIAMSBRIDGE ROAD CITY-ST-ZIP CITY-ST-7IP **BRONX NY** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME ROSENBERG, ROBERT C STREET ADDRESS STREET ADDRESS 1942 WILLIAMSBRIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP **BRONX NY** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZJP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SCHATURE AND THEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone #