

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**  
 08-13-2001 90145 035 \*\*\*550.00

**DOCUMENT # F96000004840**

**1. Entity Name**  
**ROSENBERG-DIAMOND DEVELOPMENT CORP.**

**Principal Place of Business**

**1919 WILLIAMSBRIDGE RD  
 BRONX NY 10461**

**Mailing Address**

**1919 WILLIAMSBRIDGE RD  
 BRONX NY 10461**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**13-3076179**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CALDERON, JACK  
 4834 S.W. 75TH AVENUE  
 MIAMI FL 33155**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)** ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PCD**  
**STREET ADDRESS** **DIAMOND, DAVID T**  
**CITY-ST-ZIP** **1942 WILLIAMSBRIDGE ROAD**  
**BRONX NY**

**TITLE** ☐ Change ☒ Addition  
**NAME** **VSD**  
**STREET ADDRESS** **JACK CALDERON**  
**CITY-ST-ZIP** **4834 SW 75TH AVE**  
**MIAMI FL 33155**

**TITLE** ☒ Delete  
**NAME** **VSD**  
**STREET ADDRESS** **ROSENBERG, ROBERT C**  
**CITY-ST-ZIP** **1942 WILLIAMSBRIDGE ROAD**  
**BRONX NY**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**NAME**  
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**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.**

**SIGNATURE:** *[Signature]* **PRESIDENT/CEO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-18-01 (718) 863-2300**  
 Date Daytime Phone #

CR2E034 (5/01)