

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005079

1. Entity Name

IMPERIAL DIAMONDS INC.

Principal Place of Business

Mailing Address

1788 WEST 5TH AVENUE, SUITE 318  
VANCOUVER, BRITISH COLUMBIA  
CANADA V6J 1P2

1788 WEST 5TH AVENUE, SUITE 318  
VANCOUVER, BRITISH COLUMBIA  
CANADA V6J 1P2

2. Principal Place of Business

3. Mailing Address

14502 NORTH DALE MARBY

Suite, Apt. #, etc.

# 200

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

Zip

33618

Country

USA

Zip

Country

4. FEI Number

52-2193497 APPLIED FOR

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 re-registering)

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 \$150.00.**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	TOWNER, CHRIS	
STREET ADDRESS	2ND STREET, HOLETOWN	
CITY-ST-ZIP	ST. JAMES, BARBADOS	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HOLLANDS, CLARK	
STREET ADDRESS	2ND STREET, HOLETOWN	
CITY-ST-ZIP	ST. JAMES, BARBADOS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#318-1788 WEST 50 AVE	
CITY-ST-ZIP	VANCOUVER BC CANADA V6S 1P2	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 15/2000*  
Date

*604-731-9928*  
Daytime Phone #

APPROVED  
AND  
FILED

00 APR -5 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
C0644693



3-24-2000 90115 008 1587