

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90467 004 ***150.00

1003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006158

1. Entity Name

DIAMOND FUNDING CORPORATION



90052347

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
872 PARK AVENUE

Suite, Apt. #, etc.
N/A

City & State
CRANSTON, RHODE ISLAND

Zip
02910

Country
USA

3. Mailing Address
872 PARK AVENUE

Suite, Apt. #, etc.
N/A

City & State
CRANSTON, RHODE ISLAND

Zip
02910

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0429541

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
STEVEN A. SCIARRETTA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2300 GLADES ROAD, SUITE 203E

City
BOCA RATON

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
MARTINELLI, AVA
38 APPLGATE ROAD
CRANSTON RHODE ISLAND 02920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVA MARTINELLI

Date

401-941-3770

Daytime Phone #

CR215945 (12/02)