

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50804

1. Entity Name

DIAMOND KING ENTERPRISES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90026 044 ***150.00

00000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business
233 COMMERCIAL BLVD.
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address
233 COMMERCIAL BLVD.
LAUDERDALE-BY-THE-SEA FL 33308-4441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2289446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLIGLER, DOROTHY
7563 IMPERIAL DR 402D
BOCA RATON FL 33432

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

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 \$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

TITLE PD
NAME KLIGLER, MICHELLE
STREET ADDRESS 7563 IMPERIAL DR., 402D
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE ATD
NAME KLIGLER, DOROTHY
STREET ADDRESS 7563 IMPERIAL DR., 402D
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE VP
NAME KLIGLER, GREGG
STREET ADDRESS 233 COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)