FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # G50804 **Secretary of State** 1. Entity Name 02-04-2002 90124 049 ***150.00 DIAMOND KING ENTERPRISES, INC. Principal Place of Business Mailing Address 233 COMMERCIAL BLVD. 233 COMMERCIAL BLVD. LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2289446 Not Applicable Country Zip 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 Name KLIGLER, DOROTHY Street Address (P.O. Box Number is Not Acceptable) 7563 IMPERIAL DR 402D **BOCA RATON FL 33432** 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, 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE , ☐ Change ☐ Addition KLIGER, MICHELLE NAME NAME 7563 IMPERIAL DR., 402D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE ATD TITLE KLIGER, DOROTHY STREET ADDRESS 7563 IMPERIAL DR., 402D STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KLIGLER, GREGG NAME STREET ADDRESS 233 COMMERCIAL BLVD STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33308 ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

CR2E034 (9/01)