

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H07263

1. Entity Name

AMERICAN DIAMOND PRODUCTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90100 013 ***150.00

Principal Place of Business

1101 SOUTH ROGERS CIRCLE
 SUITE #1
 BOCA RATON FL 33487
 US

Mailing Address

1101 SOUTH ROGERS CIRCLE
 SUITE #1
 BOCA RATON FL 33487-2748
 US

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

59-2438375

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

GAYNOR, RON
 1101 SOUTH ROGERS CIRCLE SUITE 2
 BOCA RATON FL 33487

Name

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

1101 South Rogers Circle Suite 1
 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

4-24-00

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 P
 NAME GAYNOR, RON
 STREET ADDRESS 485 NE 30 ST
 CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Ron Gaynor 4-24-00 561/989-8895
 Date Daytime Phone #

CR2E034 (9/99)