## 2002 UNIFORM BUSINESS REPORT (UBR)

ATURE AND TYPED OR PRINTED NAME OF

## FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # K65267 1. Entity Name KING OF DIAMONDS, LTD. INC. 05-19-2002 90024 008 \*\*\*150.00 Principal Place of Business Mailing Address 7500 W. COMMERCIAL BLVD. 7500 W. COMMERCIAL BLVD. LAUDERHILL FL 33319 LAUDERHILL FL 33319 US US 2. Principal Place of Bysiness 7480 W. Wommer Cial Bly 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0101721 Not Applicable 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 rteven FRANK, ŚTEVEN B Street Address (P.O. Box Number is Not Acceptable) 10401 NW 6 CT. **CORAL SPRINGS FL 33071** FIDRENZA CIRCLE 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FRANK, Steven B Delete CR2E034 (9/01) FIORENZA CIRCLE NAME FRANK, STEVEN B STREET ADDRESS 10401 NW 6 CT. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME HYMAN, SEYMOUR P NAME STREET ADDRESS 640 NW 104 AVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-7IP TITLE TITLE Delete Change Addition NAME HYMAN, JESSICA E NAME STREET ADDRESS 640 NW 104 AVE STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FRANK, MARY NAME STREET ADDRESS 10401 NW 6 CT. STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.