2001 ÜNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am ⁸ Secretary of State DOCUMENT # N0000006329 1. Entity Name DIAMOND EXCELL'S FOUNDATION, INC. 04-20-2001 90189 020 ****61.25 Principal Place of Business Mailing Address 16841 NORTHWEST 24TH AVENUE 16841 NORTHWEST 24TH AVENUE 952581 MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 18591 NW 27th AVENUE 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For MIÁMI, FL 65-1046813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33056 MIAMI DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORDON, RON ESQ. 335 NORTHWEST FIFTY-FOURTH STREET MIAMI FL 33127-1919 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. vd/MD TITLE PD TITLE ☐ Change Addition X Delete EXCELL, DERRICK NAME COWINS, BEN SR. NAME STREET ADDRESS 19410 NORTHWEST 17TH AVENUE STREET ADDRESS 16841 NORTHWEST 24 AVENUE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33056 <u>MIAMI, FL 33056</u> Change TITLE TD ☐ Delete TITLE PD/TD ☐ Addition EXCELL, DELIA NAME 16841 NORTHWEST 24 AVENUE NAME STREET ADDRESS STREET ADDRESS 16841 NORTHWEST 24TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33056** DITLE ☐ Delete TITLE Change Addition PD/TD NORMAN, PATRESIA NAME EXCELL, DELIA STREET ADDRESS STREET ADDRESS 17621 NORTHWEST 32ND COURT 16841 NORTHWEST 24 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 MIAMI, FL 33056 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

4-16-01 (305)621-3484