FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000003760

1. Entity Name

Diamond Intil Prod

FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90379 024 ***150.00

Same and Address of Current Registered Agent	<u> </u>		moducts	Corb				
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STRE - #3 Sale As Sator Stre - 2-3 She As Sator Fig. 5. Stre - 2-3 She As Sator Fig. 5. She As Sator Fig. 5	818/1	OW 36 STREET	3. Mailing Address 8181 NW 36	Street	L			
## PENAMPOR COUNTY A PENAMPOR A PENAMPOR	578	- 23	Suite, Apt. #, etc.			DO NOT W	'RITE IN THIS SPA	4CE
Signature of proprieses and density submiss this statement for the purpose of changing its registered digent. Figure 4 and fire of the purpose of changing its registered of control in elegable to satisfy as interruption in elegable to satisfy as interruption in elegable to satisfy as interruption. 9. This control on back) 10. Difficults And Difficults 10. Officials And Difficults 10. Difficults Difficult	Migh	ui +C.	Miami, FL		4.	FEI Number 65 · 105	 55916	Applied For
DO NOT WRITE IN THIS SPACE Surper address (P.O. Box Number is Not Acceptable)	331	66. Country U.S.	^{Zip} 33166			Certificate of Status Desired	\$8 Fee	3.75 Additional
SIGNATURE 9. This corporation is eligible to safisfy its Intangular Tax Bright Profession (See criteria on back) 11. OFFICERS AND DIRECTORS 11. DIRECTORS 12. DIRECTORS 13. DIRECTORS 14. DIRECTORS 15. DIRECTORS 16. DIRECTORS 16. DIRECTORS 17. DIRECTORS 18. DIRECTORS 18. DIRECTORS 19. DIRECTORS 19. DIRECTORS 10.	8. The above	IN THIS SP	ACE	Stroe City	Elba Address (P.O. 81 NW	Haave Box Number is Not Acceptat 36 Street	Suite 2	23
HILE NAME SIRET ADDRESS OCTY-ST-2P NILE NAME SIRET ADDRESS CITY-ST-2P NILE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRE	9. This corpor Tax filing re (See criteri	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and efects to do so.	January 1 - Ma January 1 - Ma After May 1 Amended Make Check Payabi	Registered Agent sig By 1 Fee is \$1 Fee is \$550 UBB is \$612	nature required when r 50.00 00	cinstating) 10. Election Campaign Fi	DATE	\$5.00 May Be Added to Fees
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption yield in Continuous 2000.	NAME STREET ADDRESS CITY+ST+ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				

Thereby 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 on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02