

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90178 033 \*\*\*150.00

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DOCUMENT # P00000036809

1. Entity Name  
DIAMOND GIRLS INVESTMENT GROUP ASSOCIATES, INC.



Principal Place of Business  
PO BOX 7189  
JUPITER FL 33468

Mailing Address  
PO BOX 7189  
JUPITER FL 33468

2. Principal Place of Business

2101 BOCA RATON BLVD  
Suite, Apt. #, etc.  
1

3. Mailing Address

2101 BOCA RATON BLVD  
Suite, Apt. #, etc.  
1

7. GAYLE COLEMAN P.A.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1000805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLEMAN, GAYLE E  
2255 GLADES ROAD SUITE 340W  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Gayle Coleman, P.A.  
Street Address (P.O. Box Number is not acceptable): 2101 N.W. Boca Raton Blvd, Suite 1  
City: Boca Raton FL Zip Code: 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gayle Coleman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: CELESTINO, CAROL  
STREET ADDRESS: 2565 S OCEAN BLVD., SUITE 102N  
CITY-ST-ZIP: HIGHLAND BEACH FL 33487  
*23246 L'HERMITAGE CIR BOCA RATON FL 33431*

TITLE: P  
NAME: CAROLE, LANCASTER  
STREET ADDRESS: 500 EGRET CIRCLE #8306  
CITY-ST-ZIP: DELRAY BEACH FL 33444

TITLE: T  
NAME: MERRIE, LEVIN  
STREET ADDRESS: 5049 FORSYNTHIA ST  
CITY-ST-ZIP: DELRAY BEACH FL 33484

TITLE: S  
NAME: ELLEN, GROSSMAN  
STREET ADDRESS: 15987 FORSYNTHIA CIRCLE  
CITY-ST-ZIP: DELRAY BEACH FL 33484

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director, President  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☒ Addition

TITLE: Vice President  
NAME: Denise Sands  
STREET ADDRESS: PO Box 7189  
CITY-ST-ZIP: Jupiter FL 33468  
☒ Change ☒ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gayle Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 5813380411  
Date Daytime Phone #

CR2E034 (10/02)