2001 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
01 JUL 18 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000003 8089

1. Entity Name

Diamonds Realty of Miami Beach, Inc.

Principal Place of Business	Mailing Address
960 Arthur Godfrey Rd. Ste. 212 Miami Beach, Fl. 33140	960 Arthur Godfrey Rd. Ste. 212 Miami Beach, Fl. 33140

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 100 5012 ☐ 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
Hecht, Alan R. 13300 old cutler Rd. Pinecrest, Fl. 33156	Name Mendoza, Nestor Street Address (P.O. Box Number is Not Acceptable) 960 Arthur Godfrey Rd. Ste 212 City Miami Beach FL Zip Code 33140

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 _____ 7/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gallegos, Luigi 13300 old cutler Rd. Pinecrest, Fl. 33156	☒ Delete	Director Nestor Mendoza 960 Arthur Godfrey Rd Ste. 212 Miami Beach, Fl. 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300004526573--0 -08/09/01--01019--020 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	LS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 7/17/01 305-534-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #