

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050754

1. Entity Name
BLUE DIAMOND GROUP INC.

Principal Place of Business
**14216 NE 3RD COURT
NORTH MIAMI BEACH FL 33161**

Mailing Address
**14216 NE 3RD COURT
NORTH MIAMI BEACH FL 33161**

2. Principal Place of Business
16701 N.E. 21st Avenue

3. Mailing Address
16701 N.E. 21st Avenue

Suite, Apt. #, etc.
Suite # 107

Suite, Apt. #, etc.
Suite # 107

City & State
N. Miami Beach, FL
Zip
33162
Country
U.S.A.

City & State
N. Miami Beach, FL
Zip
33162
Country
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4. FEI Number
65-1017844

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

**FLORES, KAREN J
14216 NE 3RD COURT
NORTH MIAMI BEACH FL 33161**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 **PD** ☒ Delete
NAME **FLORES, KAREN J**
STREET ADDRESS **14216 NE 3RD COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33161**

TITLE **PD** ☒ Change ☐ Addition
NAME **FLORES, KAREN J**
STREET ADDRESS **16701 N.E. 21st Avenue Suite # 107**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD/M** ☐ Change ☒ Addition
NAME **LAOS, CARLOS G**
STREET ADDRESS **16701 N.E. 21st AVENUE SUITE # 107**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:  **KAREN J. FLORES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 (305) 940-3686

Date Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90140 039 ***158.75

C0061061



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)