**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 21, 2001 8:00 am Secretary of State DOCUMENT # P00000070507 07-03-2001 90001 030 \*\*\*150.00 1. Entity Name DIAMOND PRO, INC. 08-21-2001 90034 045 \*\*\*400.00 Principal Place of Business Mailing Address 6466 NORTHWEST 5TH WAY 6468 NORTHWEST 5TH WAY FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zìo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** LANDEN OFFICE SIGNATURE 9. This corporation is eligible to satisfy its intengible FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIPLE Deletz MLE Addition CR2E034 (10/00) TIRICO, FRANK M NAME 6468 NORTHWEST 5TH WAY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CHY-ST-ZP TITLE Delete MLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NALÆ STREET ADDRESS STREET ACCORESS CITY-ST-ZP CITY-ST-Z TITLE .... Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-AP TILE Debte TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADORESS CUA-21-SI CITY-ST-ZIP TITLE Oetsta TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-78 CITY-51-219 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 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:



CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

July 27, 2001

Divison of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

RE: Taxpayer Name: Diamond Pro, Inc.

Document Number: P97000048766

Tax Form:

Uniform Business Report

Tax Period:

2001

## Gentlemen:

We are writing as the accountants for the above referenced taxpayer.

The taxpayer received the original Uniform Business Report. The bookkeeper had just quit and the taxpayer was not aware that this form had to be filed. Please accept their fee in the amount of \$150.00 as there was never their intent not to file timely.

If you have any questions, please feel free to call us between the hours of 9 a.m. and 5 p.m. Monday through Friday at (954) 776-1444.

Very truly yours,

PASSARIELLO & TAIANO CPA PA

AND STARRO CP

GS/sr

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