

2001 UNIFORM BUSINESS REPORT (UBR)

9/17/01-90010-049-\$150.00-\$150.00

FILED

01 OCT 18 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00063701

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000012454
1. Entity Name Diamond Management & Production, Inc
Principal Place of Business 705 Spring Creek Drive
Mailing Address Ocoee FL 34761 **Same**

2. Principal Place of Business Same as above
3. Mailing Address Same as above
City & State Ocoee, FL
Zip 34761
Country USA

6. Name and Address of Current Registered Agent
 CORA MILES JEFFERSON
 705 Spring Creek Drive
 Ocoee, Florida 34761

4. FRI Number 59-3635200
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of new Registered Agent Same as current

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 _____ **FL** **Zip Code** _____

9. This corporation is eligible to satisfy its intangible tax filing requirements and elect to do so. (See criteria on back) ☐ **NOTE: Registered Agent signature required when releasing.**

18. Election Campaign Financing: Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Cora Miles Jefferson	705 Spring Creek Drive	Ocoee, Florida 34761	☐
Vice President	Julius L. Miles	705 Spring Creek Dr.	Ocoee, FL 34761	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(X), Florida Statutes. I further certify that the information indicated on this report of 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report, or an assignment with an addendum, with all other filers required.
SIGNATURE: *Cora Miles Jefferson*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Fax # 850 245-6017

9/18/01 00063701

10/18/01

To: Michelle
Fla Dept of State

From: Cora Mills Jefferson
Diamonte Night's Production, Inc. # PC0000072456
705 Spring Creek Dr.
Ocoee Florida 34761

Michelle, per our phone conversation I am resubmitting the info needed that was ~~placed~~ ^{being} received by your office. I have attached a copy of the UBR that was returned to me needing the officers for the Corporation. My check has already cleared for \$150.00 and I do understand the ~~info~~ ^{info} up w/ the transposing of my ~~info~~ ^{info}. I did not receive my original request for the Annual Report. Please waive all fees. Any questions you may contact me @ (407) 428-5867 or ⁽⁴⁰⁷⁾ 340-3067.