

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/6/  
\*7.

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90241 047 \*\*\*550.00  
02-06-2001 90047 020 \*\*\*150.00

**DOCUMENT # P00000084708**

1. Entity Name  
**AL-DIAM, INC.**

Principal Place of Business  
**5801 RIVERSIDE DRIVE STE 201  
CORAL SPRINGS FL 33067**

Mailing Address  
**5801 RIVERSIDE DRIVE STE 201  
CORAL SPRINGS FL 33067**

6 6 4 1 4

2. Principal Place of Business  
**14 N. E. 1ST AVE  
Suite, Apt. #, etc. 1201**

3. Mailing Address  
**14 N. E. 1ST AVE  
Suite, Apt. #, etc. 1201**



DO NOT WRITE IN THIS SPACE

City & State **MIAMI-FL**  
Zip **33132** Country **USA**

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Zip **33132** Country **USA**

4. FEI Number **13-3938002**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DELISI, HILDA F  
1742 WEST HILLSBORO BLVD  
DEERFIELD BEACH FL 33442**

**7. Name and Address of New Registered Agent**

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 *[Signature]* *[Signature]*  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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**

TITLE **President** ☐ Delete  
NAME **Dinyang Mehta**  
STREET ADDRESS **5801 Riverside Drive #201**  
CITY-ST-ZIP **Coral Springs FL 33067**

TITLE ☐ Delete  
NAME **Alay N. Mehta**  
STREET ADDRESS **5701 Riverside Drive #301**  
CITY-ST-ZIP **Coral Springs FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **Vice President**  
CITY-ST-ZIP

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

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

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

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

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: *[Signature]* *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-30-01 (305-386471)**  
Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P00000084708  
77414



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 2, 2001

AL-DIAM, INC.  
14 N E 1ST AVE  
1201  
MIAMI, FL 33132

Subject: AL-DIAM, INC.

Reference Number: P00000084708

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$700.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/DA