

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90452 047 \*\*\*150.00

**DOCUMENT # P00000109961**

**1. Entity Name**  
**DIAMOND LIMOUSINE OF MIAMI, INC.**

**Principal Place of Business**

**3900 NW 79TH AVENUE**  
**#488**  
**MIAMI FL 33166**

**Mailing Address**

**11465 S W 47 TERR**  
**MIAMI FL 33165**

**2. Principal Place of Business**

**3900 NW 79th AVE**

Suite, Apt. #, etc.

**488**

City & State

**MIAMI**

Zip

**33166**

Country

**DADE**

**3. Mailing Address**

**3900 NW 79th AVE**

Suite, Apt. #, etc.

**STE # 488**

City & State

**MIAMI, FL**

Zip

**33166**

Country

**DADE**

**4. FEI Number**

**65-1057814**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**CULLETON, HELEN**  
**11465 S W 47 TERR**  
**MIAMI FL 33165**

**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**

*Helen Culleton* **Helen Culleton**

**2/8/02**

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, 2002 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**

TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>CULLETON, HELEN</b>	
STREET ADDRESS	<b>11465 S W 47 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CULLETON, HELEN</b>	
STREET ADDRESS	<b>11465 S W 47 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HELEN CULLETON (PRES)**

**2/8/02**

**305-444-4444**

Daytime Phone #

CR2E034 (9/01)