2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State P00000114020 DOCUMENT # 1. Entity Name 04-11-2002 90033 020 ***150 00 DIAMOND FOCUS PTY, INC. Mailing Address Principal Place of Business 6608 WOOD MEADOW LOOP 6608 WOOD MEADOW LOOP **BRADENTON FL 34202 BRADENTON FL 34202** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1062188 Not Applicable \$8.75 Additional Country Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUTHERLAND, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 6608 WOOD MEADOW LOOP **BRADENTON FL 34202** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do \$0. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME SALA, MITCH NAME UNIT 35 NO 7 ANELLA AVE CASTLE HILL STREET ADDRESS STREET ADDRESS NSW 2153 AUSTRALIA CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE SALA, DEIDRE NAME NAME STREET ADDRESS STREET ADDRESS UNIT 35 NO 7 ANELLA AVE CASTLE HILL CITY-ST-ZIP NSW 2153 AUSTRALIA CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME SUTHERLAND, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 6608 WOOD MEEDONW LOOP CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

(9/01)

4-3-2002