2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91106 029 ***158.75

DOCUMENT # P01000096561

1. Entity Name
SUPPLIER DIVERSITY CORPORATION

Principal Place of Business	Mailing Address
1900 GLADES ROAD STE 280 BOCA RATON, FL 33431	1900 GLADES ROAD STE 280 BOCA RATON, FL 33431

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4474 Weston Rd		4474 Weston Rd.	
Suite, Apt. #, etc. #158		Suite, Apt. #, etc. #158	
City & State Davie FL		City & State Davie FL	
Zip 33331	Country USA	Zip 33331	Country USA

4. FEI Number 65-1153580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTAMARIA, ANGELO
1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name SANTAMARIA, ANGELO
Street Address (P.O. Box Number is Not Acceptable) 3915 Hawks Ct
City Weston FL Zip Code 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMARIA, ANGELO 206 N. ATLANTIC BLVD., APT.6F FT. LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMARIA, ANGELO 3915 Hawks Ct Weston FL 33331 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTAMARIA, SANDRO VIA DE PINI 2,LARONOCA,S.CASCIANO V. PESA FIRENZE, ITALY,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if 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 Date Daytime Phone #

CR2E034 (10/02)