2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90913 032 ***150.00

DOCUMENT # P93000068288

1. Entity Name

BLACK DIAMOND FOLIAGE, INC.

Principal Place of Business	Mailing Address
7840 126TH AVE N LARGO FL 33773 US	7840 126TH AVE N LARGO FL 33157-4630 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25300 S.W. 202ND AVE	17023 S.W. 87TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: MIAMI, FL
Zip: 33031 Country: ~~DADE~~ U.S.	Zip: 33157 Country: ~~DA~~ U.S.

4. FEI Number 59-3206514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUKE, LINDA K
204 FLAMINGO DR
BELLEAIR FL 34616

7. Name and Address of New Registered Agent

Name: LINDA K. DUKE
Street Address (P.O. Box Number is Not Acceptable): 17023 S.W. 87TH AVE.
City: MIAMI **FL** Zip Code: 33157

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: Linda K Duke
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUKE, LINDA K 350 16TH AVENUE NE #5 ST PETERSBURG FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 17023 S.W. 87TH AVE. MIAMI, FL 33157
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
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CR2E034 (9/99)

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: Linda K Duke LINDA K. DUKE 4-12-00 305 378-1629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #