

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90097 043 \*\*\*150.00

**DOCUMENT # P93000070655**

1. Entity Name  
**DIAMANTE DAY SPA, INC.**

Principal Place of Business <b>1489 SE 17TH ST CAUSEWAY          SUITE 2-G          FT LAUDERDALE FL 33316</b>		Mailing Address <b>1489 SE 17TH ST CAUSEWAY          SUITE 2-G          FT LAUDERDALE FL 33316-1714</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0497231**  Applied For  
 Not Applied For

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

6. Name and Address of Current Registered Agent <b>DIAMANTE-PARISOTT, DARLENE          1489 SE 17TH ST CAUSEWAY          STE 2F-G          FT LAUDERDALE FL 33316</b>		7. Name and Address of New Registered Agent Name <b>DIAMANTE-PARISOTTI, DARLENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1489 SE. 17 ST CSWY STE 2F-G</b> City <b>Ft. Land</b> <b>FL</b> Zip Code <b>33316</b>	
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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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>DIAMANTE-PARISOTTI, DARLENE</b>	NAME	
STREET ADDRESS	<b>13860 NW 22ND ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>PARISOTTI, ANTHONY</b>	NAME	
STREET ADDRESS	<b>13860 NW 22ND ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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.

SIGNATURE: Anthony Parisotti **1-18-99** **954-763-121**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #