

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90016 026 ***158.75

DOCUMENT # P94000083652

1. Entity Name

DIAMOND "B" VENTURES, INC.

Principal Place of Business

Mailing Address

1001 S. UNIVERSITY DR

4801 S. UNIVERSITY DR

#115

#115

FL 33328

DAVIE FL 33328-3832

US

2. Principal Place of Business

7300 ALHAMBRA BLVD

3. Mailing Address

P.O. Box 245402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

PEMBROKE PINES, FL

Zip

33023

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-0538623

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AUTEN, N. SCOTT
 7300 ALHAMBRA BOULEVARD
 MIRAMAR FL 33023**

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

Signature, typed or printed name of registered agent and title if applicable.

N. Scott AUTEN

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	AUTEN, N. SCOTT	
STREET ADDRESS	7300 ALHAMBRA BOULEVARD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUTEN, O.F.	
STREET ADDRESS	7300 ALHAMBRA BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

N. SCOTT AUTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

954-260-1612

Daytime Phone #

CR2E034 (9/99)