

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075222

1. Entity Name

NEW YORK DIAMOND CENTER OF CLEARWATER, INC.

Principal Place of Business

28540 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625

Mailing Address

28540 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

33761

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33761

Country

4. FEI Number 59-3339278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, KRISTOPHER E ESQ.
705 WEST AZEELE STREET
TAMPA FL 33606

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.

(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, 2001 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 P
NAME WASPALLO, AUDREW
STREET ADDRESS 28590 US 19 N
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE P
NAME YASPARRO, ANDREW
STREET ADDRESS 28540 US 19 N.
CITY-ST-ZIP Clearwater, FL 33761 ☒ Change ☐ Addition

TITLE ST
NAME MARCONI, SHAWNEE
STREET ADDRESS 28590 US 19 N
CITY-ST-ZIP CLEARWATER FL 33761 ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91094 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)