

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085572

1. Entity Name

DIAMOND-DESTINATIONS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90007 012 ***158.75

Principal Place of Business

10730 US HIGHWAY 19
SUITE 2
PORT RICHEY FL 34668
US

Mailing Address

8748 FOREST LAKE DRIVE
PORT RICHEY FL 34668-5819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3342901

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

SCHMIDT, MARK
10730 US HIGHWAY 19
SUITE 2
PORT NICKEY FL 34668

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, 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	<input type="checkbox"/> Delete
PD	GRAZIAPLENE, MATT	8748 FOREST LAKE DRIVE	PORT RICHEY FL 34668	<input type="checkbox"/>
VD	GRAZIAPLENE, MATTHEW A	8748 FOREST LAKE DRIVE	PORT RICHEY FL 34668	<input type="checkbox"/>
STD	GRAZIAPLENE, FRANCES	8748 FOREST LAKE DRIVE	PORT RICHEY FL 34668	<input type="checkbox"/>
VP	KALLIS, NELSON	10730 US HIGHWAY 19, SUITE 2	PORT RICHEY FL 34668	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4/14/00 787-861-5339

CR2E034 (9/99)