2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000037422 **DOCUMENT#**

8. The above named entity submits this statement for the purpo

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

City & State

DIAMOND, MICHAEL 5140 SESAME ST

PALM BEACH GARDENS FL 33418

the obligations of registered agent.

Zip

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

10. TITLE NAME



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90111 048 ***150.00

DIAMOND WINDOW & PRESSI	URE CLEANING COMPANY INC	
Principal Place of Business 5140 SESAME ST PALM BEACH GARDENS FL 33418 US	Mailing Address P.O. BOX 32784 PALM BEACH GARDENS FL 33420	
2. Principal Place of Business	3. Mailing Address	i 1 30 81
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

GARDENS FL 33418 PALM BEACH GARDENS FL 33420			
ace of Business	3. Mailing Address		
#, etc.	etc. Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
3	City & State		4. FEI Number 65-0318903 Applied For Not Applicable
Country	Zip	Country	5. Certificate of Status Desired
		enter a la serie de la constante de la constan	7. Name and Address of New Registered Agent
6. Name and Address of Co	urrent Registered Agent	Name	7. Name and Address of New Hogester 1
1401115			
MICHAEL		Street Addres	ss (P.O. Box Number is Not Acceptable)
AME ST			
CH GARDENS FL 33418			
		City	FL Zip Code
ons of registered agent. Signature, typed or printed name of register	ed agent and title if applicable. (No	DTE: Registered Agent signature requ	quired when reinstating) DATE
ILE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$5 Payable to Florida Departn	50.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P DIAMOND, MICHAEL 5140 SESAME ST	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
PALM BEACH GARDENS F	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Change Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
 			☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #