

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 019 ***150.00

DOCUMENT # **P97000103546** ✓

1. Entity Name

BLACK DIAMOND ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3145 14TH AVENUE

Suite, Apt. #, etc.

SUITE 24

City & State

VERO BEACH, FL

Zip

32960

Country

USA

3. Mailing Address

3145 14TH AVENUE

Suite, Apt. #, etc.

SUITE 24

City & State

VERO BEACH, FL

Zip

32960

Country

USA

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4. FEI Number

65-0799564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICK J. MELCHIORI

Street Address (P.O. Box Number is Not Acceptable)

3145 14TH AVENUE

City

VERO BEACH

FL

Zip Code

32960

**DO NOT WRITE
IN THIS SPACE**

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)

4/30/02

Date

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RICK J. MELCHIORI
3145 14TH AVENUE
VERO BEACH FL 32960**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (772) 770-4707

Date

Telephone #

CR2E034B (12/01)