

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90042 008 \*\*\*150.00

<b>DOCUMENT # P98000016571</b>			
<b>1. Entity Name</b> <b>DIAMOND MORTGAGE CORPORATION</b>			
<b>Principal Place of Business</b> 3500 N STATE RD 7 #456 FORT LAUDERDALE, FL 33319		<b>Mailing Address</b> 3500 N STATE RD 7 #456 FORT LAUDERDALE, FL 33319	
<b>2. Principal Place of Business</b> 3500 N. State Rd 7 Suite, Apt. #, etc. 290		<b>3. Mailing Address</b> 3500 N. State Rd 7 Suite, Apt. #, etc. 290	
<b>City &amp; State</b> Fort Lauderdale, FL Zip 33319 Country U.S.		<b>City &amp; State</b> Fort Lauderdale, FL Zip 33319 Country U.S.	
<b>4. FEI Number</b> 65-0845112		<input checked="" type="checkbox"/> <b>CHECK HERE IF MAKING CHANGES</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HUNTER, DWETTA 3500 N STATE RD 7 #456 FORT LAUDERDALE, FL 33319		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>AFTER May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PST</b> HUNTER, DWETTA 10001 W ATLANTIC BLVD CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> HUNTER, ERNEST 8813 CHARLIE WALKER DRIVE ODESSA, FL 33556	<input type="checkbox"/> <b>Delete</b>	Hunter, Dwetta 1669 S.W. 11th Ave Pembroke Pines, FL 33025
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>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.</b>			
<b>SIGNATURE:</b>		5-01-2003 (954) 731-1201	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CH2E034 (10/02)