	UNIFORM BUS		ORT (UBF	3)		
DOCUI	MENT # P 980000	52346				
Black Diamond Industries, Inc.				FILED		
Principal Place of Business 22154 MARTELLA AVENUE BOCA RATON FL 33433		Mailing Address 22154 MARTELLA AVENUE BOCA RATON FL 33433		O2 MAY - 1 PM 1: 42  SECRETARY OF STATE  THE PROPERTY OF STATE		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
GOLDSTEIN, Petch 22154 MARTELLA AVENUE BOCA RATON FL 33433				Street Address (P.O. Box Number is Not Acceptable)		
!	101112 00100		City	FL Zip Code		
SIGNATURE .	named entity submits this statement for submits, typed or printed name of registered agent praction is eligible to satisfy its Intangible	and title if applicable. (NO	TE: Registored Agent signation			
_	requirement and elects to do so.	Make Check Paya		Trust Fund Contribution. LJ Added to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kenneth Greenberg 10240 SW 84th Au miami, FC 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  80000550924666-12001000  -05/14/0201053001  *****600.00 *****600.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 TD Peter Goldstein 10240 sw 84th And Miomi, FC 3315C	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	ZChange Addition 22154 Markilla Avt Buch Rator FC 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-SY-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delate	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleie	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  .  Ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Florida 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

Daylone Phono #