

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90276 042 \*\*\*150.00

DOCUMENT # P98000098053

1. Entity Name

DIAMOND IMAGING SUPPLIES, INC.

Principal Place of Business

8841 SW 142ND AVE  
SUITE 1724  
MIAMI FL 33186

Mailing Address

8841 SW 142ND AVE  
SUITE 1724  
MIAMI FL 33186

2. Principal Place of Business

8347 N.W. 68 St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA.

Zip

Country

4. FEI Number

65-0876703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, PEDRO  
8841 SW 142ND AVE  
SUITE 1724  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name VASQUEZ, PEDRO (SAME)

Street Address (P.O. Box Number is Not Acceptable)  
8347 N.W. 68 St.

City MIAMI

FL

Zip Code 33166

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, 2001 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

TITLE PD ☐ Delete  
NAME VASQUEZ, YOLANDA  
STREET ADDRESS 8841 SW 142ND AVE., STE 1724  
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Delete  
NAME VASQUEZ, PEDRO  
STREET ADDRESS 8841 SW 142ND AVE., STE 1724  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME VASQUEZ, YOLANDA (address)  
STREET ADDRESS 14195 S.W. 148 Ct.  
CITY-ST-ZIP Miami FL 33196

TITLE VD ☒ Change ☐ Addition  
NAME VASQUEZ, PEDRO (address)  
STREET ADDRESS 14195 S.W. 148 Ct.  
CITY-ST-ZIP Miami FL 33196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

PEDRO VASQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/01 (305)640-1234

Date

Daytime Phone #

0234326

CR2E034 (10/00)