

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90081 003 ***150.00

DOCUMENT # P99000006547

1. Entity Name

DIAMOND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4200 COMMUNITY DR., #804
WEST PALM BEACH FL 33409

4200 COMMUNITY DR., #804
WEST PALM BEACH FL 33409-2746

LU052048

2. Principal Place of Business

3. Mailing Address

2865 NW 91st AVE

2865 NW 91st AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 201

APT 201

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number

65-0891903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESTRE, CORAL
4200 COMMUNITY DR., #804
WEST PALM BEACH FL 33409

Name

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

2865 NW 91st AVE Apt 201

City
CORAL SPRINGS

FL

Zip Code
33065

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESTRE, CORAL		NAME MESTRE, CORAL	
STREET ADDRESS 4200 COMMUNITY DR., #804		STREET ADDRESS 2865 NW 91 st AVE APT 201	
CITY-ST-ZIP WEST PALM BEACH FL 33409		CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 with an address, with all other like empowered.

SIGNATURE:

Coral Mestre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2000

954-385-4514
Date Daytime Phone #

CR2E034 (9/99)