

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 024 ***150.00

DOCUMENT # P99000014346

1. Entity Name
KING OF DIAMOND SALES, INC.



Principal Place of Business
3141 NORTHEAST 11TH AVE.
POMPANO BEACH, FL 33064

Mailing Address
3141 NORTHEAST 11TH AVE.
POMPANO BEACH, FL 33064

70034677

2. Principal Place of Business
881 S.W. 49TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
881 S.W. 49TH TERRACE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FLORIDA
Zip
33068
Country
U.S.A.

City & State
MARGATE, FLORIDA
Zip
33068
Country
USA

4. FEI Number
65-0899060

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARELL, CHARLES L
3141 NORTHEAST 11TH AVE.
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name **PARELL, CHARLES L**
Street Address (P.O. Box Number is Not Acceptable)
881 S.W. 49TH TERRACE
City **MARGATE** FL Zip Code **33068**

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.

SIGNATURE *Charles Parell*
Signature, typed or printed name of registered agent and title if applicable.

2-13-03
DATE

(NOTE: Registered Agent's signature required when resigning)

FILE NOW WITH FEE IS \$150.00
FEE MAY 1, 2003 FEE WILL BE \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☒ Delete
NAME **PARELL, CHARLES L**
STREET ADDRESS **3141 NORTHEAST 11TH AVE.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **PARELL, CHARLES L**
STREET ADDRESS **881 S.W. 49TH TERRACE**
CITY-ST-ZIP **MARGATE, FL. 33068**

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

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

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.

SIGNATURE: *Charles Parell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-03 (954) 427-4898
Date Daytime Phone #

CR2E034 (10/02)