

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 AUG -5 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P99000015301

1. Entity Name  
DIAMOND EXPRESS TRUCKING, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
17560 N.E. 6 AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 681388  
Suite, Apt. #, etc.

5/27/02 90301 015-30000  
DO NOT WRITE IN THIS SPACE

City & State  
N. MIAMI BEACH, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-0903072

Applied For  
Not Applicable

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

Zip Country Zip Country  
33162 DADE 33168 DADE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
KETTIE K. DANIELS

Street Address (P.O. Box Number is Not Acceptable)  
17560 N.E. 6 AVENUE

City State Zip Code  
N. MIAMI BEACH FL 33162

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 use if applicable. (NOTE: Registered Agent signature required when reappointing) (DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	P KETTIE K. DANIELS 17560 N.E. 6 AVENUE N. MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EUGENE LAGUERRE 270 N.W. 118 STREET MIAMI, FLORIDA 33168	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

305-693-5195

SIGNATURE: Kettie K. Daniels KETTIE K. DANIELS PRES. 5/1/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #