2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am DOCUMENT # P99000021264 **Secretary of State** DIAMOND R RESTAURANT, INC. 03-21-2000 90104 023 ***158.75 Mailing Address Principal Place of Business 3614 MIDWAY ROAD 3614 MIDWAY ROAD PLANT CITY FL 33565 PLANT CITY FL 33565-2259 2. Principal Place of Business 3. Mailing Address SAME Jame Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3567 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired M Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUIS. ROBERT S Street Address (P.O. Box Number is Not Acceptable) 3614 MIDWAY ROAD PLANT CITY FL 33565 City Zip Code 8. The above perced entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 03-16-2000 ROBERTSTE SIGNATURE nature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete RUIS, POBERT STEVEN RUIS, ROBERT S NAME NAME BOIGMIDWAYRD. STREET ADDRESS STREET ADDRESS 3614 MIDWAY ROAD CITY-ST-ZIP PLANT CITY, FLA. 33565 CITY-ST-ZIP PLANT CITY FL 33565 PRESIDENT. Addition TITLE ☐ Defete TITLE RUIS, ROBERT DARIN RUIS. DEBORAH L NAME NAME BGIL MIDWAY RD. STREET ADDRESS 3614 MIDWAY ROAD STREET ADDRESS. CITY-ST-ZIP PLANTCITY, FLA 33565 CITY-ST-ZIP PLANT CITY FL 33565 VICEPAES, DENT 🔀 Addition TITLE ☐ Delete TITLE RUIS, ROBYN, MELISSA NAME NAME 3614 MIDWAY AD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FLA, 33565 CITY-ST-ZIP SECRETARY, TRENSON Change ☐ Delete TITLE TITLE RUIS DEBORANLY NINE NAME NAME STREET ADDRESS STREET ADDRESS BELLANTCHTY, PLA, 38565 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 truetee 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 all achimics with all other like empowered.

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