

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State
 06-30-2000 90004 030 ***150.00

DOCUMENT # P99000037129
1. Entity Name
 WHITE DIAMOND ENTERPRISES, INC. *K*

Principal Place of Business **Mailing Address**
 639 E. OCEAN AVE. 639 E. OCEAN AVE.
 Boynton Beach, FL Boynton Beach, FL
 33435 33435

00067042

Principal Place of Business **3. Mailing Address**
 2511 SW 4th St. P.O. Box 1136
 Suite, Apt #, etc. Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEV Number** **Applied For**
 Boynton Beach, FL Boynton Beach, FL 65-0766723 Not Applicable
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
 33435 PALM BEACH 33425 PALM BEACH \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JUAN PEREZ
 639 E. OCEAN AVE. #208
 Boynton Beach, FL 33435

7. Name and Address of New Registered Agent
Name FRANK J. LICATA
Street Address (P.O. Box Number is Not Acceptable)
 2511 S.W. 4th St.
 Boynton Beach, FL 33435
City FL **Zip Code**

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, typed or printed name of registered agent and (if applicable) *[Signature]* **DATE** 6/20/2000
NOTE: Registered Agent signature required when re-registering

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	PRESIDENT (P.S.-D.-C.)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	NAME	FRANK J. LICATA	
ST-ZIP	STREET ADDRESS	2511 S.W. 4th St.	
	CITY-ST-ZIP	Boynton Beach, FL 33435	
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	NAME		
ST-ZIP	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	NAME		
ST-ZIP	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	NAME		
ST-ZIP	STREET ADDRESS		
	CITY-ST-ZIP		

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 live empowered.

[Signature] 6/20/00

CRZE034 (9/99)