

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000042476

1. Entity Name

**SWIEGERS DIAMOND CUTTING WORKS, INC.****FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90486 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~13615 S. DIXIE HWY.~~~~SUITE 114-479~~**MIAMI, FL 33176**

2. Principal Place of Business

3. Mailing Address

**36 NE 1st St. Ste 747****8481 SW 180th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**City & State  
**MIAMI, FL**4. FEI Number  
**65-0919690**Applied For  
Not ApplicableZip  
**33132**

Country

Zip  
**33157**

Country

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

**Florida Incorporators, Inc.**

Name

**1221 Brickell Ave Ste. 900**

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

**Miami, FL 33131**

City

**FL**

Zip Code

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 \$650.00**  
**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWIEGERS, LIEB</b>	NAME	
STREET ADDRESS	<del>13615 S. DIXIE HWY. SUITE 114-479</del>	STREET ADDRESS	<b>8481 SW 180th St.</b>
CITY - ST - ZIP	<del>MIAMI, FL 33176</del>	CITY - ST - ZIP	<b>Miami, FL 33157</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWIEGERS, LUZ</b>	NAME	
STREET ADDRESS	<del>13615 S. DIXIE HWY. SUITE 114-479</del>	STREET ADDRESS	<b>8481 SW 180th St.</b>
CITY - ST - ZIP	<del>MIAMI, FL 33176</del>	CITY - ST - ZIP	<b>Miami, FL 33157</b>
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	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Lieb Swiegers****4/28/00****305-234-9416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #