2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000045410

1. Entity Name

ADAMANT ENTERPRISES, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

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Sulta, Apt. #, etc. Sulta, Apt. #, etc. Sulta, Apt. #, etc. City & State	169 E. FLAGLER STREET. #936 MIAMI FL 33131		•	169 E. FLAGLER STREET. #936 MIAMI FL 33131						
City & State	2. Principal Place of Business 3. Mailing Address					•	[
Typ Country Zip Country S. Certificate of Status Desired Desi	Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
20 Country Zip Country Zip Country S. Certificate of Status Desired \$5.575 Audition \$5.675 Auditio	City & State		City & State	City & State		4.	4. FEI Number 65-0922017		pplied For	
Name Size FLAGLER STREET, #936 MAMI 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. I am familiar with, and the objections of registered agent, when the state of Florida is a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and the objections of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both, in the State of Florida. I am familiar with, and the objection of registered agent, or both in the State of Florida. I am familiar with, and the objection of registered agent, or both in the State of Florida	Zip .s	Country	Zip	Coun	itry	5.				
NAYOR, ALBERTO 169 E. FLAGLER STREET, #936 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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, noted or printed tarm of registered agent. NOTE Reputative Agent signature required when rentating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREL ADDRESS DIT ST.2P NAYOR, ALBERTO 189 E. FLAGLER ST. #936 MIAMI FL 33131 ITTLE MAME SIREL ADDRESS DIT ST.2P Delete ITTLE MAME SIREL ADDRESS DIT ST.2P TIPLE MAKE SIREL ADDRESS DIT ST.2P Delete MILE MAKE SIREL ADDRESS DIT ST.2P TIPLE MAKE SIREL ADDRESS DIT ST.2P Delete MAKE SIREL ADDRESS DIT ST.2P TIPLE MAKE SIREL ADDRESS DIT ST.2P Delete MAKE SIREL ADDRESS	6. Name and Address of Current Registered Agent					7.	Name and Address of New Registered A	gent [,]		
Signature Record agent and deplated agent and other deplated agent and	•				Name					
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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, page or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when rematating) Part					Street Address (P.O. Box Number is Not Acceptable)					
B. 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 the obligations of registered agent. SIGNATURE Signiture, typid or printed harm of registered agent and tife it applicable. (NOTE Registered Agent signiture required when revisating) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check-Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MANKE STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1	MIAMI FL	33131								
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12. I bereby certify that the information supplied with this filing does not qualify for the examples attend in Continue 440 07/0V/V Florida Otal Ann 1 6 other and the best for the examples at the continue 440 07/0V/V Florida Otal Ann 1 6 other and 1 6 o	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE	E Et address			☐ Change	☐ Addition	

rnereby 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: Z