

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053040

1. Entity Name

DIAMOND-SHINE STONE CARE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90109 026 ***150.00

Principal Place of Business

Mailing Address

2581 W 71 PLACE
HIALEAH FL 33016

2581 W 71 PLACE
HIALEAH FL 33016-5470

2. Principal Place of Business

2589 W. 76th ST
Suite, Apt. #, etc.
106
City & State
Hialeah, FL

3. Mailing Address

2589 W. 76th ST.
Suite, Apt. #, etc.
106
City & State
Hialeah, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0928-986

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, GLORIA R
2581 W 71 PLACE
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

2589 W. 76th ST
106

City
Hialeah, FL

FL

Zip Code
33016

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 \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gloria R. Mendez
2589 W. 76th ST. # 106
Hialeah, FL 33016

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria R. Mendez, President 4/24/00 (305) 823 6200

CR2E034 (9/99)