

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061010

1. Entity Name

DIPLOMAT STORES, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90084 040 \*\*\*150.00

Principal Place of Business

2911 WOOLRIDGE DR.  
 ORLANDO FL 32837

Mailing Address

2911 WOOLRIDGE DR.  
 ORLANDO FL 32837-9062

2. Principal Place of Business

10112 CANOPY TREE CT

3. Mailing Address

10112 CANOPY TREE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3587724

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

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

MADEN, ROOP  
 2911 WOOLRIDGE DR.  
 ORLANDO FL 32837

Name

LAKSHMI C. MADAN

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

10112 CANOPY TREE CT

City

ORLANDO

FL

Zip Code

32836

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

Kiran Arora Attorney In Fact

4-24-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
 NAME MADAN, ROOP  
 STREET ADDRESS 10112 CANOPY TREE CT.  
 CITY-ST-ZIP ORLANDO FL 32836

TITLE LAKSHMI C. MADAN ☐ Change ☒ Addition  
 NAME LAKSHMI C. MADAN  
 STREET ADDRESS 10112 CANOPY TREE CT  
 CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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)(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:

Kiran Arora (KIRAN ARORA) Attorney In Fact

Date

4-24-00

Daytime Phone #

(407) 357-9993

CR2E034 (9/99)