2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91845 042 ***150.00

DOCUMENT # **P99000072167**

1. Entity Name
DIEGO DIMENT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
412 POINCIANA ISLAND DR SUNNY ISLES BEACH, FL 33160	POINCIANA ISLAND DR SUNNY ISLES BEACH, FL 33160 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
100 MERIDIAN AVE		100 MERIDIAN AVE.	
Suite, Apt. #, etc.: 225		Suite, Apt. #, etc.: 225	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33139	Country: MIAMI DADE	Zip: 33139	Country: USA

4. FEI Number: **65-0942273** ☐ Applied For ☐ Not Applicable

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
DIMENT, DIEGO 412 POINCIANA ISLAND DR. SUNNY ISLES, FL 33160	Name: DIEGO DIMENT Street Address (P.O. Box Number is Not Acceptable): 100 MERIDIAN AVE #225 City: MIAMI BEACH FL Zip Code: 33139

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 accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DIMENT, DIEGO 412 POINCIANA ISLAND DR SUNNY ISLES, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/24/03 305-695-8355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)