

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076616

1. Entity Name

DIAMOND AUTO REPAIR, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90065 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1516 W. PRINCETON ST.  
ORLANDO FL 32804

1516 W. PRINCETON ST.  
ORLANDO FL 32804-4822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3598846

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

SAFFRAN, THEODORE J  
1516 W. PRINCETON ST.  
ORLANDO FL 32804

Name

William A PINTO

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

1516 W Princeton St

City

ORL

FL

Zip Code

32804

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

*Theodore J Saffran*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

*William A Pinto*

4-21-00

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 PD ☒ Delete  
NAME SAFFRAN, THEODORE J  
STREET ADDRESS 1516 W. PRINCETON ST.  
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE VD ☐ Delete  
NAME PINTO, WILLIAM A  
STREET ADDRESS 1516 W. PRINCETON ST.  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Attn William A  
CITY-ST-ZIP 1516 W Princeton St  
ORL FL 32804

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)(l), 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:

*William A Pinto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. PINTO

Date

4-21-00 407 841-6538

Daytime Phone #

CR2E034 (9/99)