

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90066 021 \*\*\*150.00

DOCUMENT # **P99000081010**

1. Entity Name  
**DIAMONDNET, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**298 NW 7th Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 273362**  
Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0946740**

Applied For  
Not Applicable

Zip  
**33486**  
Country  
**PALM BEACH**

Zip  
**33486**  
Country  
**PALM BEACH**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**STEVEN Utrecht**

Street Address (P.O. Box Number is Not Acceptable)  
**2295 Corporate Blvd, N.W**

Suite  
**211**

City  
**BOCA RATON**

FL

Zip Code  
**33431**

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**STEVEN Utrecht (DIRECTOR)  
2295 Corporate Blvd, N.W  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GLORIA McConnell (President)  
298 NW 7th Ct.  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gloria McConnell** Gloria McConnell

**2/17/02**

**561-394-0085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)