

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90245 009 ***150.00

DOCUMENT # P99000081010

1. Entity Name
DIAMONDNET, INC.



Principal Place of Business

200 NW 7th Ct. 600 NW 9th Ct.
BOCA RATON FL 33486
US

Mailing Address

P.O. BOX 273362
BOCA RATON FL 33486
US

2. Principal Place of Business

600 NW 9th Court
Suite, Apt. #, etc.
BOCA RATON, FL
City & State

3. Mailing Address

SAME
Suite, Apt. #, etc.
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0946740**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UTRECHT, STEVEN T
2295 CORPORATE BLVD., NW., SUITE 211
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	Change	Addition
	D	UTRECHT, STEVEN T	2295 CORPORATE BLVD., NW., SUITE 211	<input type="checkbox"/> Delete	
		BOCA RATON FL 33431			
	P	MCCONNELL, GLORIA	298 NW 7TH CT.	<input type="checkbox"/> Delete	
		BOCA RATON FL 33486			
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

CR2E034 (10/02)

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 **561-750-8880**
Date Daytime Phone #