

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102865

1. Entity Name

DIAMOND SERVICES INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90179 036 ***150.00

Principal Place of Business

4690 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

Mailing Address

4690 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

2. Principal Place of Business

1571 BAY CLUB ROAD

3. Mailing Address

1571 BAY CLUB RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO - FLORIDA

City & State

ORLANDO - FLORIDA

4. FEI Number

59-3619523

Applied For

Not Applicable

Zip

32766

Country

USA

Zip

32766

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORO, RUBEN D
7345 SAND LAKE ROAD
SUITE 201
ORLANDO FL 32819

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.

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)

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

TITLE ☐ Delete
NAME PS DANIEL OLIVEIRA
STREET ADDRESS 1571 BAY CLUB ROAD
CITY-ST-ZIP ORLANDO - FL 32766

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

DANIEL OLIVEIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/2000 407 365 9590

Date

Daytime Phone #

CR2F034 (9/99)