

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V06422**

1. Entity Name  
**DIAMOND MACHINE TOOL CO.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90035 014 \*\*\*150.00

Principal Place of Business <b>1404 SW 3RD ST POMPANO BEACH FL 33069</b>	Mailing Address <b>1404 SW 3RD ST POMPANO BEACH FL 33069-3244</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0298873</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHARD, RENE R  
5275 NW 96TH DR  
CORAL SPRINGS FL 33076**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>RICHARD, RENE R.</b>	
STREET ADDRESS <b>1404 SW 3RD ST</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>RICHARD, CONNY</b>	
STREET ADDRESS <b>1404 SW 34D ST</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARD, RENE R.</b>	
STREET ADDRESS <b>1404 S.W. 3rd STREET</b>	
CITY-ST-ZIP <b>POMPANO BCH., FL. 33069</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREGORY-RICHARD, CONNY</b>	
STREET ADDRESS <b>1404 S.W. 3rd STREET</b>	
CITY-ST-ZIP <b>POMPANO BCH., FL. 33069</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Conny Gregory-Richard* APRIL 1/00 954-783-0552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)