

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90169 046 *****70.00

0072702

DOCUMENT # N95000003371

1. Entity Name

BURMESE BUDDHIST ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

**3107 OHIO AVENUE
SANFORD FL 32771
US**

Mailing Address

**3107 OHIO AVENUE
SANFORD FL 32771
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3326382**

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

**SHIN, MAUNG N
5303 OLD WINTER GARDEN RD
ORLANDO FL 32811**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KYAW, KO**
STREET ADDRESS **2264 IPSDEN ST.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **U HTET KAN** ☒ Change ☐ Addition
NAME **13811 HARBOR CREEK PLACE**
STREET ADDRESS **Jacksonville, FL 32224**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KIN, U**
STREET ADDRESS **11779 CUXHAM CT**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DAW SWE TOE** ☒ Change ☐ Addition
NAME **8359 LAKE CROMWELL CIRCLE**
STREET ADDRESS **ORLANDO, FL 32836**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OO, KO KO**
STREET ADDRESS **4864 WALDEN CIRCLE APT 411**
CITY-ST-ZIP **ORLANDO FL 32811**

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

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

407-299-1237

Date

Daytime Phone #

CR2E037 (10/02)