

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90007 033 \*\*\*150.00

DOCUMENT # P00000007719  
 1. Entity Name:  
**DIAMOND MINE CREATIONS, INC.**

Principal Place of Business Mailing Address  
**8165A Severn Dr.** **8165A Severn Dr.**  
**Boca Raton** **Boca Raton**  
**FL-33433** **FL-33433**

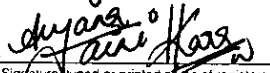
2. Principal Place of Business 3. Mailing Address  
**4662 ST. SIMON DRIVE** **4662 ST. SIMON DR.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**COCONUT CREEK, FL** **COCONUT CREEK, FL**  
 Zip Country Zip Country  
**33073** **U.S.A** **33073** **U.S.A**

4. FEI Number **651034630** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANJANA KAINIKKARA**  
**8165A Severn Dr.**  
**Boca Raton, FL-33433**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4662 ST. SIMON DRIVE**  
 City **COCONUT CREEK FL** Zip Code **33073**

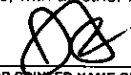
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE  **ANJANA KAINIKKARA** **04/26/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 (See criteria on back) ☐ **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	PTD	<input checked="" type="checkbox"/> Delete
NAME	Amit Purohit	
STREET ADDRESS	8165A Severn Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	Anjana Kainikkara	
STREET ADDRESS	8165A Severn Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amit Purohit	
STREET ADDRESS	4662 St. Simon Dr.	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anjana Kainikkara	
STREET ADDRESS	4662 St. Simon Dr.	
CITY-ST-ZIP	Coconut Creek, FL 33073	
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:  **Amit Purohit** **4/26/01** **561-3564155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)