

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90041 042 \*\*\*150.00

**DOCUMENT # P01000118805**

1. Entity Name  
**DIAMOND FLOWER CO.**

Principal Place of Business

3535 BEE RIDGE RD., #44  
SARASOTA FL 34239

Mailing Address

3535 BEE RIDGE RD., #44  
SARASOTA FL 34239

2. Principal Place of Business

**1850 BENEVA CT**

3. Mailing Address

**1850 BENEVA CT**

Suite, Apt. #, etc.

**\* 1307**

Suite, Apt. #, etc.

**\* 1307**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

Country

**34232**

Zip

Country

**34232**

4. FEI Number

**EDN # 65-1156337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THWIN, MYO M**

**3535 BEE RIDGE RD., #44  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

**THWIN, MYO M**

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

**1850 BENEVA CT \* 1307**

City

**SARASOTA**

FL

Zip Code

**34232**

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 **HE: MYO MIN THWIN**

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

(NOTE: Registered Agent signature required when reinstating)

**02/05/02**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	<b>THWIN, MYO M</b>	
STREET ADDRESS	<b>3535 BEE RIDGE RD., #44</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>SUAN, SANDA</b>	
STREET ADDRESS	<b>3535 BEE RIDGE RD., #44</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: **SIGNATURE REQUIRED THWIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/05/02. (94) 539 5359.**

Date

Daytime Phone #

CR2E034 (9/01)