1of2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106646

1. Entity Name

Diamond Lawn, Inc.

FILED
00 OCT 23 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business / Mailing Address

18660 Shauna Manor Dr.
Boca Raton FL 33496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18660 Shauna Manor Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: F
Zip: 33496 Country: U.S.A	Zip / Country

4. FEI Number: Applied For — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Alfredo Hilon
18660 Shauna Manor Dr.
Boca Raton FL 33496

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 X Hilon Garret 8/23/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALFREDO HILON	NAME	
STREET ADDRESS	18660 Shauna Manor Dr.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200003456032--4
STREET ADDRESS		STREET ADDRESS	-11/07/00--01116--019
CITY-ST-ZIP		CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	KE

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: X Hilon Garret 8/23/00 (561) 883-9256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P5000106646
DOS8806 202

8/23/00

Florida Dept of State

to whom it may Concern:

"According to our conversation on
the phone you told me to explain why
did not file an annual Return.
Dear Sir, I was not aware of this
obligation and I never received
any correspondence from you.
The reason of my awareness is
because I just recently spoke
with an accountant and told me
about this obligation. Until Now
my boss is not open but I'm
sending you as you told me
to do. Thanks to take care this problem

Sincerely,