

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90099 040 ***150.00

0136509 AV

DOCUMENT # P94000022258

1. Entity Name
BOTANIQUE, INC.



Principal Place of Business
**4800 N A1A
418
VERO BEACH FL 32963
US**

Mailing Address
**4800 N A1A
418
VERO BEACH FL 32963
US**

2. Principal Place of Business
1840 COBIA DR, V.B. 32960

3. Mailing Address
1840 COBIA DR V.B. 32960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH FL.

City & State
VERO BEACH FL

Zip **32960** Country **U.S.**

Zip **32960** Country **U.S.**

4. FEI Number **65-0487475**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MAZARIN, SANFORD
1840 COBIA DR
VERO BEACH FL 32960**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sanford Mazarin*
Signature, typed or printed name of registered agent and title if applicable.

SANFORD MAZARIN
(NOTE: Registered Agent signature required when reinstating)

1/14/03
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	MAZARIN, SANFORD	1840 COBIA DR	VERO BEACH FL 32960	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:

Sanford Mazarin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 Date
772 2345231 Daytime Phone #

CR2E034 (10/02)