

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 030 ***150.00

DOCUMENT # **P99000073510**
1. Entity Name
AFRODITA'S GARDEN, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
525 CORAL WAY
Suite, Apt. #, etc.
304

3. Mailing Address
650 N.W. 132 PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
MIAMI, FL

Zip
33134 Country
USA

Zip
33182 Country
USA

4. FEI Number
65-0961376

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BAUTTE, LUISA F.

Street Address (P.O. Box Number is Not Acceptable)
650 N.W. 132 PLACE

City
MIAMI FL Zip Code
33182

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D BAUTTE, LUISA F. 650 N.W. 132 pl. MIAMI - FL 33182	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **LUISA F. BAUTTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/02** Daytime Phone # **(305) 480-8735**

CR2E034B (12/01)