

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90025 027 \*\*\*150.00

**DOCUMENT # L73896**  
**1. Entity Name**  
**AMBIANCE FLOWERS INCORPORATED**

**Principal Place of Business**

**205 WORTH AVE**  
**#1**  
**PALM BEACH FL 33480**  
**US**

**Mailing Address**

**% ALFRED B & EVELYN M LIMA**  
**205 WORTH AVE**  
**PALM BEACH FL 33480**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0202983**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LIMA, ALFRED B.**  
**LIMA, EVELYN M.**  
**6915 LAKESIDE RD**  
**WEST PALM BEACH FL 33411**

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**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIMA, EVELYN M</b> <b>6915 LAKESIDE RD</b> <b>WEST PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIMA, ALFRED B</b> <b>6915 LAKESIDE RD</b> <b>WEST PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Evelyn Lima*

**2-25-02**

**561-659-7555**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
#P98000087588

333078

CHASEWOOD PLAZA - SUITE 30  
6390 INDIANTOWN ROAD  
JUPITER, FLORIDA 33458  
(561) 744 - 4600



**Attorneys at Law**

RICHARD P. GUMSON \*  
ADAM S. GUMSON

\* also admitted to New York Bar

February 26, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Hideaway Yacht Group, Inc.  
Corporation Uniform Business Report - 2002

Gentlemen:

Enclosed please find the following:

1. completed 2002 Uniform Business Report,  
to be filed with your offices for the above  
corporation; and
2. a check in the amount of \$158.75, in payment  
of the \$150.00 filing fee and the \$8.75 Status  
Report for the corporation.

Kindly forward the Status Report at your earliest convenience.

Thank you for your prompt attention to this matter.

Very truly yours,

JUPITER LAW CENTER

Adam S. Gumson

ASG:pac  
Encs.