

2005

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

**FILED
May 11, 2005 8:00 am
Secretary of State**

05-11-2005 90126 039 ***550.00

DOCUMENT # J14402	
1. Entity Name De Lottus Flower Shop, Inc.	

DO NOT WRITE IN THIS SPACE

50051604

2. Principal Place of Business 1515 Sunset Dr.	3. Mailing Address 1515 Sunset Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Coral Gables, FL	City & State Coral Gables, FL	4. FEI Number 59-2680978	Applied For <input type="checkbox"/> Not Applicable
Zip 33143	Country USA	Zip 33143	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Bacardi, Ruby
Street Address (P.O. Box Number is Not Acceptable)
5830 Maynada St.

City
Coral Gables **FL** **Zip Code**
33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D/P/S/T
NAME
Bacardi, Ruby
STREET ADDRESS
5830 Maynada St.
CITY - ST - ZIP
Coral Gables, FL 33146

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruby Bacardi* Ruby Bacardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-09-05
Date

305-666-4200
Daytime Phone #

CR2E034B (12/02)