

2008

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

**FILED  
May 15, 2008 8:00 am  
Secretary of State**

05-15-2008 90028 005 \*\*\*150.00

<b>DOCUMENT #</b> J14402
<b>1. Entity Name</b> De Lottus Flower Shop, Inc.

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40102796

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 1515 Sunset Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1515 Sunset Dr. Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-2680978	<b>Applied For</b> Not Applicable
<b>City &amp; State</b> Coral Gables, FL	<b>City &amp; State</b> Coral Gables, FL			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 33143-5773	<b>Country</b> USA	<b>Zip</b> 33143-5773	<b>Country</b> USA		

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 \$650.00

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

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Bacardi, Ruby 5830 Maynada St. Coral Gables, FL 33146	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruby Bacardi

4-22-08

305-666-4200