

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91233 015 ***150.00

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DOCUMENT # P00000016314

1. Entity Name
FLEUR-DE-LYS INTERNATIONAL, INC.

Principal Place of Business
 P.O. BOX 144477
 CORAL GABLES FL 33114-4477

Mailing Address
 P.O. BOX 144477
 CORAL GABLES FL 33114-4477

001487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2542156**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HIDALGO GATO, IVAN F.
1515 LISBON STREET
CORAL GABLES FL 33134

Name
TORRES HIDALGO GATO, Ivan F.
 Street Address (P.O. Box Number Not Acceptable)
16030 SW 89 Avenue Road
 City **Miami** FL **33157**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HIDALGO GATO, IVAN F.**
 CITY-ST-ZIP **1515 LISBON STREET**
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
 NAME **TORRES HIDALGO GATO, Ivan F.**
 STREET ADDRESS **16030 SW 89 Avenue Road**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ivan F. TORRES HIDALGO GATO 04/27/02 (305) 532-0622

Date

Daytime Phone #

CR2E034 (9/01)