

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01

FILED

Feb 12, 2001 8:00 am
Secretary of State

01-22-2001 90025 027 ***150.00

DOCUMENT # P00000026793

1. Entity Name

LADDA'S SILK FLOWER DESIGN, INC.

Principal Place of Business
2905 NOB HILL ROAD
SUNRISE FL 33351
3291 W Sunrise Blvd
Sunrise, FL 33311

Mailing Address
2905 NOB HILL ROAD
SUNRISE FL 33351
405 Garden Drive
Pompano Beach, FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3291 W Sunrise Blvd
Suite, Apt. #, etc.
Sunrise
City & State
Florida
Zip
33311
Country
Broward

3. Mailing Address
405 Garden Drive
Suite, Apt. #, etc.
Apt 101
City & State
Pompano Beach, Florida
Zip
33069
Country
Broward

4. FEI Number
65-099-6165
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
INFANTINO, LADDA
3905 NOB HILL ROAD
SUNRISE FL 33351

7. Name and Address of New Registered Agent
Name
INFANTINO, LADDA
Street Address (P.O. Box Number is Not Acceptable)
405 Garden Drive
City
Pompano Beach
FL
Zip Code
33069

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	INFANTINO, LADDA	3905 NOB HILL ROAD	SUNRISE FL 33351	<input type="checkbox"/>
	INFANTINO, LADDA	405 Garden Drive	Pompano Beach, Florida 33069	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2001-954-797-0410
Date Daytime Phone #

CR2E034 (10/00)