

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090180

1. Entity Name

THE LOST GARDEN, INC.

FILED

01 APR 26 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Post Office Box 35-0061
Miami, Florida 33135

Mailing Address
Post Office Box 35-0061
Miami, Florida 33135

2. Principal Place of Business

3. Mailing Address

3490 SW 9 Street

3490 SW 9 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 2

Unit 2

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33135

Country

Zip
33135

Country

4. FEI Number
65-1043216

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

SPIEGEL & UTRERA, P.A.
343 Almeria Avenue
Coral Gables, Florida 33134

Name

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street

4th Floor

City
Miami

FL

Zip Code
33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Rodriguez-Berrios, Blanca
3490 Southwest 9 Street,
Miami, Florida 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3490 SW 9 Street, Unit 2
Miami, Florida 33135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
Berrios, Mario A.
3490 Southwest 9 Street
Miami, Florida 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3490 SW 9 Street, Unit 2
Miami, Florida 33135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Rodriguez-Berrios

Blanca Rodriguez-Berrios, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #