

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 030 ***150.00

DOCUMENT # PO1000022129 ✓
1. Entity Name
China's Orchids, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14200 SW 36 ST
Suite, Apt. #, etc.

3. Mailing Address
same as #2
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33175
Country
Miami Dade

City & State
Zip
Country

4. FEI Number
65-1079297
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Maria E. Perez
Street Address (P.O. Box Number is Not Acceptable)
14200 SW 36 ST
City Miami FL Zip Code 33175

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>President / TREASURER</u>	NAME <u>Maria E. Perez</u>	TITLE	NAME
STREET ADDRESS <u>14200 SW 36 ST</u>	CITY - ST - ZIP <u>Miami, FL 33175</u>	STREET ADDRESS	CITY - ST - ZIP
TITLE <u>Vice-President / SECRETARY</u>	NAME <u>Mauren Fernandez</u>	TITLE	NAME
STREET ADDRESS <u>14200 SW 36 ST</u>	CITY - ST - ZIP <u>Miami FL 33175</u>	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: M E Perez 4/11/02 305 554-7815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)