


**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90833 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000114582**

1. Entity Name  
**LIDIA ROSES, INC.**



Principal Place of Business  
**1711 SW 4TH AVE.  
 FT. LAUDERDALE FL 33315**

Mailing Address  
**1711 SW 4TH AVE.  
 FT. LAUDERDALE FL 33315**

2. Principal Place of Business  
**House / 1711 SW 4th**

3. Mailing Address  
**1711 SW 4th Ave.**

Suite, Apt. #, etc.  
**Five Florida**      **Ft Lauderdale.**

City & State  
**Ft Lauderdale**      **Flor. da**

Zip  
**33315**      **33315**

Country  
**Broward**     



CHECK HERE IF MAKING CHANGES

4. FEI Number **42-1574303**      **APPLIED FOR**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ACEVEDO, LUIS ALBERTO**  
**1711 SW 4TH AVE.**  
**FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **LIDIA**

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

City **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS ACEVEDO, LUIS ALBERTO 1711 SW 4TH AVE. FT. LAUDERDALE FL 33315</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COURTNEY, FABIOLA 2501 SW 15TH AVE. FT. LAUDERDALE FL 33315</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF REGISTERED OFFICER OR DIRECTOR**

**01-10-03 9545297337**  
 Date      Daytime Phone #

CR2E034 (10/02)