

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-31-2003 90125 043 ***150.00

DOCUMENT # P02000073035

1. Entity Name

BOTANICA ALAROYE, CORPORATION.



Principal Place of Business

**3921 PALM BCH BLVD
FT MYERS FL 33916**

Mailing Address

**3921 PALM BCH BLVD
FT MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1050417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, WILLIAM
4903 VINCENNES ST #215
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **MARYURI MOREJON**
Street Address (P.O. Box Number is Not Acceptable)
4903 Vincennes St #215
City **Cape Coral** FL Zip Code **33904**

8. The above named entity subscribes to 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

04/20/03

DATE

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: **D** ☒ Delete
NAME: **PEREZ, WILLIAM**
STREET ADDRESS: **4903 VINCENNES ST #215**
CITY-ST-ZIP: **CAPE CORAL FL 33904**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **Director** ☒ Change ☐ Addition
NAME: **MARYURI MOREJON**
STREET ADDRESS: **4903 VINCENNES ST #215**
CITY-ST-ZIP: **CAPE CORAL, FL 33904**

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

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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 supplement 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 this filing, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/03

(239)694-2055

CR2E034 (10/02)