

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90191 006 \*\*\*150.00

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**DOCUMENT # P02000080472**

1. Entity Name  
**HIBISCUS HILL, INC.**



Principal Place of Business  
**8893 SW 129TH STREET  
MIAMI FL 33176**

Mailing Address  
**8893 SW 129TH STREET  
MIAMI FL 33176**



2. Principal Place of Business  
**370 SAN LORENZO AVENUE**

3. Mailing Address  
**4254 LENNOX DRIVE**

Suite, Apt. #, etc.  
**SUITE 2430**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL GABLES FL**

City & State  
**MIAMI FL**

4. FEI Number  
**51-0416747**

Applied For  
Not Applicable

Zip  
**33146**

Country

Zip  
**33133**

Country

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

**ELLMAN, EILEEN  
8893 SW 129TH STREET  
MIAMI FL 33176**

Name **ELLMAN, EILEEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4254 LENNOX DRIVE**  
City **MIAMI** FL Zip Code **33133**

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 **EILEEN ELLMAN, PRESIDENT**

DATE **4/20/03**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **ELLMAN, EILEEN**  
STREET ADDRESS **8893 SW 129TH STREET**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4254 LENNOX DRIVE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED EILEEN ELLMAN PRESIDENT**

Date

Daytime Phone #

CR2E034 (10/02)