FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90477 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000115290

1. Entity Name
Hibiscus Corp.

DO NOT WRITE IN THIS SPACE

20005422

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4001 N. Ocean Blvd	
Suite, Apt. #, etc.: PH 43	Suite, Apt. #, etc.
City & State: Boca Raton, Fl	City & State
Zip: 33431 Country: USA	Zip Country

4. FEI Number: 54-2083880 ☐ 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

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
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 Myrna Cohen P. D. STREET ADDRESS 300 SE Fifth Ave. CITY-ST-ZIP Boca Raton, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Arnold H. Kagan S. D. STREET ADDRESS 4001 N. Ocean Blvd. CITY-ST-ZIP Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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

561-368-7223

SIGNATURE: Arnold H. Kagan Secty DATE: Jan 9, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR