2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058440

1. Entity Name
ISIS FLOWER GARDENS INC

FILED
02 JUN 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
606A E 9 ST HIALEAH FL. 33010	606A E 9 ST HIALEAH-FL. 33010

2. Principal Place of Business	3. Mailing Address
606A E 9 ST	606A E 9 ST
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: HIALEAH- FL.	City & State: HIALEAH- FL.
Zip: 33010 / Country: MIAMI-DADE	Zip: 33010 / Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0430527 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ORLANDO HOTUSINE
606A E 9 STREET
HIALEAH- FL. 33010

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City ... FL

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-07/19/02--01064--022
****150.00 ****150.00

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.

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-07/19/02--01064--023
****150.00 ****150.00

SIGNATURE ____
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORLANDO HOTUSINE	NAME	
STREET ADDRESS	606A E 9 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL. 33010	CITY-ST-ZIP	
TITLE	SECRETARY ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARMEN HOTUSINE	NAME	
STREET ADDRESS	606 E 9 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH- FL. 33010	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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****150.00 ****150.00

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*****8.75 *****8.75

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED