## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000064652** Apr 26, 2000 8:00 am Secretary of State LILAC ACCOUNTING CORP. 04-26-2000 90199 010 \*\*\*150.00 Mailing Address Principal Place of Business 2201 VAN BUREN ST. 2201 VAN BUREN ST. #106 HOLLYWOOD FL 33428-4038 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 22328 GARRISON ST. 22328 GARRISON ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0436111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent LEduc LEDUC, GISELE P.O. Box Number is Not Acceptable) GARRISON ST 2201 VAN BUREN ST. #106 HOLLYWOOD FL 33020 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS DPS Change ☐ Addition ☐ Delete TITLE TITLE GISELE LECTUC LEDUC, GISELE NAME NAME 22328 GARRISON ST 2201 VAN BUREN ST., #106 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ~ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP