

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90024 022 ***150.00

DOCUMENT # P93000073427

1. Entity Name
EXOTICA INTERNATIONAL, INC.

Principal Place of Business 20413 NW 190TH AVE HIGH SPRINGS FL 32643 US	Mailing Address C/O ACCOUNTING & BUSINESS CONSULTANTS 17 ROSE DR FT. LAUDERDALE FL 33316 US
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2. Principal Place of Business 2921 SW 2nd AVE.	3. Mailing Address Suite, Apt. #, etc.
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City & State
FT. Lauderdale FL

City & State

4. FEI Number **65-0444821**

Applied For
 Not Applicable

Zip Country
33315

Zip 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

**GREENWALD, TEDD S.
 20413 NW 190TH AVE
 HIGH SPRINGS FL 32643**

Name

Street Address (P.O. Box Number is Not Acceptable)
2921 SW 2nd AVE

City Zip Code
FT. LAUDERDALE FL 33315

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.

SIGNATURE _____ DATE _____
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWALD, TEDD S. 20413 NW 190TH AVE HIGH SPRINGS FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 2921 SW 2nd AVE FT. LAUDERDALE FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLOWERS, MARY ELLEN 20413 NW 190TH AVE HIGH SPRINGS FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 2921 SW 2nd AVE FT. LAUDERDALE FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Ellen Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01 954-646-5262
Date Daytime Phone #

MARY ELLEN FLOWERS

CR2E034 (10/00)