

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90256 042 ***150.00

DOCUMENT # P97000097195

1. Entity Name
HIBISCUS BY-THE-SEA OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

7357 WILSON RD
 WEST PALM BEACH FL 33413
 US

6760 COLUMBIA AVE
 LAKE WORTH FL 33467-7356
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH FL

4. FEI Number **65-0812242**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33467

USA

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

LUPO, FILIPPA
6760 COLUMBIA AVE
LAKE WORTH FL 33467

Name **LUPO FILIPPA**
 Street Address (P.O. Box Number is Not Acceptable) **6168 BOXLEAF PLACE**
 City **LAKE WORTH FL** Zip Code **33467**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 **P** Delete
 NAME **LUPO, FILIPPA**
 STREET ADDRESS **6760 COLUMBIA AVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **President** Change Addition
 NAME **LUPO, FILIPPA**
 STREET ADDRESS **6168 BOXLEAF PLACE**
 CITY-ST-ZIP **LAKE WORTH, FL 33467** **W/ ADDRESS**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILIPPA LUPO **2/18/2000** **561-432-3934**

CFR2E034 (9/99)