

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90314 001 ***150.00

0021953

DOCUMENT # P97000097195

1. Entity Name

HIBISCUS BY-THE-SEA OF SOUTH FLORIDA, INC.

Principal Place of Business

7357 WILSON RD
 WEST PALM BEACH FL 33413
 US

Mailing Address

6168 BOXLEAF PLACE
 LAKE WORTH FL 33467
 US

2. Principal Place of Business

3. Mailing Address

COUNTRY RETREAT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 540369

City & State

City & State

LAKE WORTH FL

Zip

Country

Zip

Country

33454-0369 US

4. FEI Number

65-0812242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUPO, FILIPPA
6168 BOXLEAF PLACE
LAKE WORTH FL 33467

7. Name and Address of New 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.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

[Handwritten Date]

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, 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 **P** Delete
 NAME **LUPO, FILIPPA**
 STREET ADDRESS **6168 BOXLEAF PLACE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date]

DATE

[Handwritten Phone Number]

DAYTIME PHONE #

CR2E034 (10/00)