

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 010 ***550.00

DOCUMENT # 097000097195
1. Entity Name
HIBISCUS By-The-Sea of South Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7357 WILSON RD
Suite, Apt. #, etc.

3. Mailing Address
PO Box 590369
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

City & State
LAKE WORTH FL

Zip
33413 Country
USA

Zip
33454 Country
USA

4. FEI Number
650812242

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FILIPPA LUPO

Street Address (P.O. Box Number is Not Acceptable)
7357 WILSON ROAD

City
WEST PALM BEACH FL Zip Code
33413

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 reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>FILIPPA LUPO</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>7357 WILSON RD</u> <u>WEST PALM BEACH</u> <u>FL</u> <u>33413</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Filippa Lupo FILIPPA LUPO 5/15/02 561-683-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)