

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90290 020 ***150.00

DOCUMENT # P99000002577

1. Entity Name

LOTUS POINT PROPERTIES, INC.

Principal Place of Business

900 NE 4TH ST.
FT. LAUDERDALE FL 33301

Mailing Address

900 NE 4TH ST.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

690 NE 13th ST, #102

3. Mailing Address

P.O. Box 2130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

4. FEI Number

52-2134267

Applied For

Not Applicable

Zip

33304

Country

Zip

33303-2130

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

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., #37
PALM HARBOR FL 34684

Name

THEODORE A. HILL

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

908 NE 4th ST #5

City

FORT LAUDERDALE

FL

Zip Code

33301

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

Shirley A. Hill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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 FRUCHTER, MICHAEL
STREET ADDRESS 900 NE 4TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME 908 NE 4th ST #5
STREET ADDRESS
CITY-ST-ZIP

TITLE VTS ☐ Delete
NAME HILL, THEODORE A
STREET ADDRESS 900 NB 4TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME HILL, THEODORE
STREET ADDRESS 908 NE 4th ST
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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

984-627-3154

CR2E034 (10/00)