

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051512

1. Entity Name

LILO'S CANDIES INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90024 022 ***150.00

Principal Place of Business Mailing Address

~~8004 NW 35 STREET #103~~ ~~8004 NW 35 STREET #103~~
 CORAL SPRING FL 33065 CORAL SPRING FL 33065-4329
 1802 N UNIVERSITY DR # 203N
 PLANTATION FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1802 N UNIVERSITY DR

Suite, Apt. #, etc. Suite, Apt. #, etc.

203N

City & State City & State

PLANTATION-FL

4. FEI Number Applied For

65-0925386 Not Applicable

Zip Country Zip Country

33322 BROWARD

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

6. Name and Address of Current Registered Agent

CASAS, EDWARD
 6039 COLLINS AVENUE #1034
 MIAMI BEACH FL 33140

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 _____ 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:

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
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	PD	<input type="checkbox"/> Delete
NAME	BARON, ELVIA L	
STREET ADDRESS	8004 NW 35 STREET #103	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRUZ, GUILLERMO	
STREET ADDRESS	8004 NW 35 STREET #103	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Elvía Baron ELVIA BARON 1/15/00 305864314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)