

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 02, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000056532

1. Entity Name
HIBISCUS BEACH PLACE, INC.

Principal Place of Business 209 HIBISCUS AVE FT LAUDERDALE FL 33062	Mailing Address P O BOX 480070 FT LAUDERDALE FL 333480070
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 65-0934299	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

LIPSHY BRIAN L
796 GLOUCESTER ST

BOCA RATON FL 33487 US

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 **BRIAN L. LIPSHY**

07/02/2001

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, 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			
TITLE	M	<input type="checkbox"/> Delete	
NAME	RUKES ILLEANNE N		
STREET ADDRESS	57 FT ROYAL NORTH		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
TITLE	VSD	<input type="checkbox"/> Delete	
NAME	LIPSHY BRIAN L		
STREET ADDRESS	796 GLOUCESTER ST		
CITY-ST-ZIP	BOCA RATON FL 33487		
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	RUKES MORGAN L		
STREET ADDRESS	57 FT ROYAL ISLE		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	M	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUKES ILLEANNE M		
STREET ADDRESS	57 FT ROYAL ISLE		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Illeanne M. Rukes**

M

07/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)