

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90130 006 ***150.00

DOCUMENT # P99000070230
 1. Entity Name
LOTUS-MARKETING & HOSPITALITY CONSULTANTS, INC.

Principal Place of Business Mailing Address
162 S SEMORAN BLVD **162 S SEMORAN BLVD**
ORLANDO FL 32807 **ORLANDO FL 32807**

2. Principal Place of Business 3. Mailing Address
1717 CHISBURY CT Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL **Orlando FL**
 Zip Country Zip Country
32837 **USA**

4. FEI Number Applied For
59-3621096 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORTELAZZO, MAGALI
1717 CHISBURY CT
ORLANDO FL 32837

7. Name and Address of New Registered Agent
 Name **ROSA ESCRIBANO SIRACUZA**
 Street Address (P.O. Box Number is Not Acceptable)
1717 CHISBURY CT
 City **Orlando** **FL** Zip Code **32837**

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 *Rosa Escribano Siracusa* DATE **02/27/02**
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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	CORTELAZZO, CLAUDIO	
STREET ADDRESS	7200 LAKE ELLENOR DR., STE. 207	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORTELAZZO, MAGALI	
STREET ADDRESS	7200 LAKE ELLENOR DR., STE. 207	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORTELAZZO, PATRICK	
STREET ADDRESS	7200 LAKE ELLENOR DR., STE. 207	
CITY-ST-ZIP	ORLANDO FL 32809	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA E. SIRACUZA	
STREET ADDRESS	1717 CHISBURY CT	
CITY-ST-ZIP	Orlando FL 32837	
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 of 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: *Rosa Escribano Siracusa* DATE **01/17/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)