

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 326482**

1. Entity Name

CURBSIDE FLORIST & GIFTS, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90012 014 ***150.00

Principal Place of Business

**16115 SW 117 AVE
STE 10
MIAMI FL 33177
US**

Mailing Address

**16115 S 117 AVE
STE 10
MIAMI FLA 33177
US****00025888**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1203362**

Applied For

Not Applicable

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

**NEIDHART, PAUL R
15800 SW 79TH AVE
MIAMI FL 33157**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, LINDA 16550 S.W. 77TH COURT MIAMI, FL 00000 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIDHART, PAUL R, JR 7835 SW 158TH TERR. MIAMI, FL 00000 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIDHART, PAUL R 15800 S W 79TH AVE MIAMI, FL 00000 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD NEIDHART, LOIS M 15800 S W 79TH AVE MIAMI, FL 00000 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

CR2E034 (10/00)