

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90673 013 ***150.00

DOCUMENT # 326482

1. Entity Name
CURBSIDE FLORIST & GIFTS, INC.



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1203362**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIDHART, PAUL R, JR 7835 SW 158TH TERR. MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIDHART, PAUL R 15800 S W 79TH AVE MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD NEIDHART, LOIS M 15800 S W 79TH AVE MIAMI FL 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
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Neidhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/03

305 233-2668

CR2E034 (10/02)