

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000032**

1. Entity Name  
**AMSTERDAM FLOWER MARKET, LTD.**

FILED

00 JAN 10 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10326 CARROLL COVE PLACE  
TAMPA FL 33612

Mailing Address  
10326 CARROLL COVE PLACE  
TAMPA FL 33612-6507



2. Principal Place of Business  
**5009 RIO VISTA XVE**

3. Mailing Address  
**5009 RIO VISTA XVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>	4. FEI Number <b>59-3549491</b>	Applied For Not Applicable
Zip <b>33634</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AMERILAWYER</b>		Name	
<b>343 ALMERIA AVENUE</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>CORAL GABLES FL 33134</b>		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$15,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 15,000. =**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>S64764</b>	NAME <b>P &amp; H GROUP, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>10326 CARROLL COVE PLACE</b>	CITY-ST-ZIP <b>TAMPA FL 33612</b>	CITY-ST-ZIP	<b>700003096787--4</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>-01/12/00--01099--025</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>****193.75 ****193.75</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **PETER VAN DUYN** SIGNATURE REQUIRED *Peter Van Duyn* 01-05-00 813.249.2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #