

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90272 014 ***150.00

UBR03952

DOCUMENT # F20665

1. Entity Name
FLOWERS BY MICHAEL, INC.

Principal Place of Business

**125 E DANIA BEACH BLVD.
 DANIA FL 33004**

Mailing Address

**125 E DANIA BEACH BLVD
 DANIA FL 33004**

C0053499



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1015 NE 18 STREET
 Suite, Apt. #, etc.

3. Mailing Address

1015 NE 18 STREET
 Suite, Apt. #, etc.

City & State

FT. LAUD, FLORIDA

City & State

FT LAUD, FLORIDA

4. FEI Number

59-2084520

Applied For

Not Applicable

Zip

33305

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, JAMES M
 125 E DANIA BCH BLVD
 DANIA FL 33004**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1015 NE 18 STREET
 City
FT. LAUDERDALE FL Zip Code
33305

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 James M Moore
Signature, typed or printed name of registered agent and title if applicable.

4/22/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
DST	MOORE, JAMES M	1015 NE 18TH ST.	FT. LAUDERDALE FL 33305	<input type="checkbox"/>
DP	DARCY, JOSEPH HARVEY C	1015 NE 18TH ST.	FT. LAUDERDALE FL 33305	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: James M Moore **JAMES M. MOORE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01 954-523-6742
DATE Daytime Phone #

CR2E034 (10/00)