

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90090 044 \*\*\*150.00

**DOCUMENT # L73896**

1. Entity Name  
**AMBIANCE FLOWERS INCORPORATED**

Principal Place of Business                      Mailing Address  
**205 WORTH AVE**                                      **% ALFRED B & EVELYN M LIMA**  
**#1**    **205 WORTH AVE**  
**PALM BEACH FL 33480**                              **PALM BEACH FL 33480-4606**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State

Zip    Zip    Country    Country

4. FEI Number                      **65-0202983**                      Applied For  
 Not Applicable

5. Certificate of Status Desired                       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIMA, ALFRED B.**  
**LIMA, EVELYN M.**  
**6915 LAKESIDE RD**  
**WEST PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2000 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	<b>D</b> <b>LIMA, EVELYN M</b> <b>6915 LAKESIDE RD</b> <b>WEST PALM BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIMA, ALFRED B</b> <b>6915 LAKESIDE RD</b> <b>WEST PALM BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Evelyn M. Lima                      1-6-00                      659-7553  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)