2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State
06-05-2001 90031 014 ***158.75

U0057737

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000012000

1. Entity Name
CHARLES FLOWERS, INC.

Principal Place of Business	Mailing Address
1781B WEST 32 PLACE HIALEAH FL 33012	1781B WEST 32 PLACE HIALEAH FL 33012

2. Principal Place of Business	3. Mailing Address
7370 NW 36 ST	7370 NW 36 ST
Suite, Apt. #, etc. 415 D	Suite, Apt. #, etc. 415 D
City & State Miami FL	City & State Miami FL
Zip 33166 / Country	Zip 33166 / Country

4. FEI Number 65-0978027 210912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, RODRIGO
1781B WEST 32 PLACE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name Rodrigo Alvarez
Street Address (P.O. Box Number is Not Acceptable) 7370 NW 36 ST
Suite 415 D
City Miami FL Zip Code 33166

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (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	D ALVAREZ, RODRIGO 1781B WEST 32 PLACE HIALEAH FL 33012 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alvarez, Rodrigo 7370 NW 36 ST suite 415 D Miami, FL 33166 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 04/30/01 (305) 888-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #