FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90056 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012000

1. Entity Name
Charles Flowers, Inc.

661997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1781 B West 32nd Place	1643 Brickell Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1702
City & State Hialeah, FL	City & State Miami, FL
Zip 33012 Country U.S.A.	Zip 33129 Country

DO NOT WRITE IN THIS SPACE

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

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

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7. Name and Address of Current Registered Agent

Name Alvarez Rodrigo

Street Address (P.O. Box Number is Not Acceptable)
1643 Brickell Avenue # 1702

City Miami FL Zip Code 33129

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 X [signature] 4/30/02
(Type or print name of registered agent and title if applicable.) (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. X
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	Rodrigo Alvarez
STREET ADDRESS	1643 Brickell Ave. #1702
CITY-ST-ZIP	Miami, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #