4/6/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-06-2001 90015 031 ***150.00

39883

DOCUMENT # P00000061007 ✓

1. Entity Name

Blooms + Beans

Principal Place of Business: 1314 E. Las olas Blvd #1099, Ft. lauderdale, Fla. 33301

Mailing Address: 1314 E. Las olas Blvd #1099, Ft. lauderdale, Fla. 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1314 E. las olas Blvd. #1099	1314 E. Las olas Blvd
Suite, Apt. #, etc.: 1099	Suite, Apt. #, etc.: 1099
City & State: Ft. lauderdale Fla.	City & State: Ft. lauderdale Fla
Zip: 33301 / Country: USA	Zip: 33301 / Country: USA

4. FEI Number: 65-1033394 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMO Corporate Svc, Inc.
100 NE. 3rd Ave Suite 1100
Ft. Lauderdale, FL. 33301

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 ____________________ 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	P, T Morgan Dancer 1314 E. Las Olas Blvd. Suite 1099 Ft. Lauderdale, FL. 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, S Karen Peers 1314 E. Las Olas Blvd Ft. Lauderdale, FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: X Morgan C. Dancer — 4/2/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MORGAN C. DANCER, President