

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90051 030 \*\*\*550.00

0061151  
AV

**DOCUMENT # P01000059813**

**1. Entity Name**  
**FLOWERS BY DIANE, INC.**



**Principal Place of Business**  
16115 SW 117 AVE BLDG 10  
MIAMI FL 33177

**Mailing Address**  
16115 SW 117 AVE BLDG 10  
MIAMI FL 33177

**2. Principal Place of Business**  
12118 SW 117 CT  
Suite, Apt. #, etc.

**3. Mailing Address**  
12118 SW 117 CT  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**  
Miami Fla.  
**Zip**  
33186  
**Country**  
USA

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Miami Fla.  
**Zip**  
33186  
**Country**  
USA

**4. FEI Number** 65-1122956  
**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAMACHO, DIANE  
16115 SW 117 AVE BLDG 10  
MIAMI FL 33177

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
12118 SW 117 CT  
**City**  
Miami Fla.  
**FL** **Zip Code** 33186

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** DIANE CAMACHO  
Signature, typed or printed name of registered agent and title if applicable.

[Signature] **DATE** 8-15-03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> CAMACHO, DIANE 16115 SW 117 AVE BLDG 10 MIAMI FL 33177	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> Camacho Diane 12118 SW 117 CT Miami Fla 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 8/15/03 **Daytime Phone #**

CP2E034 (4/03)

Attachment#  
801392 MO  
PO1000059813

Please make the  
necessary change of  
address. I did not  
get my last Bill - hence  
the reason for an  
additional charge I had  
changed the address before  
Diane Canada  
65-1122956

