

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90963 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000099782

1. Entity Name
ELITE FLOWER SERVICES, INC.



80039902

Principal Place of Business
**C/O 701 BRICKELL AVE, STE 2500
MIAMI, FL 33131
1065 NW 102nd Ave Ste. 107
Miami, FL 33172**

Mailing Address
**C/O 701 BRICKELL AVE, STE 2500
MIAMI, FL 33131
1065 NW 102nd Ave
Suite 107
Miami, FL 33172**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
41-2059472

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEDBAUER, ROGER
701 BRICKELL AVE, STE 2500
MIAMI, FL 33131**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00.
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	MADRINAN, JUAN C	C/O 701 BRICKELL AVE, STE 2500	MIAMI, FL 33131	
	D			
	PADEDES, ALONSO	C/O 701 BRICKELL AVE, STE 2500	MIAMI, FL 33131	
	D			
	FRIEDBAUER, ROGER	C/O 701 BRICKELL AVE, STE 2500	MIAMI, FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

S. Mary Rein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 305-679-1844
Date Daytime Phone #

CR2E034 (10/02)