## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000035310** 1. Entity Name PARADISE FLOWER SHOP, INC. 05-03-2000 90064 042 \*\*\*150.00 Principal Place of Business Mailing Address 10577 SW 109 CT. 10577 SW 109 CT. MIAMI FL 33635-6234 MIAMI FL 33176 Dale Mabry Huy 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0663734 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Numb 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE-NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE RAMNATH, JEAN M NAME 10500 SOUTHWEST 108TH AVENUE, SUITE B210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Change Addition TITLE RAMNATH, LESLIE NAME NAME STREET ADDRESS 10500 SOUTHWEST 108TH AVENUE, SUITE B210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change Addition Delete TITLE RAMNATH, GERALD NAME NAME STREET ADDRESS 10500 SOUTHWEST 108TH AVENUE, SUITE B210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition ☐ Change TITLE Delete TITLÉ RAMNATH, HAROLD NAME NAME STREET ADDRESS 10500 SOUTHWEST 108TH AVENUE, SUITE B210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 in changed, or on an attachment with an address, with all other like empowered.

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