

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90019 017 \*\*\*150.00

**DOCUMENT # P97000034398**

1. Entity Name

**ANDEAN SPRING FLOWERS, INC.**

Principal Place of Business

Mailing Address

**8880 NW 24TH TERR  
 MIAMI FL 33172**

**8880 NW 24TH TERR  
 MIAMI FL 33172-2418**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0748714**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 S BISCAYNE BLVD  
 1500 MIAMI CENTER  
 MIAMI FL 33131**

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

Signature, typed or printed 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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUILLERMO DUENAS ITURRALDE</b>	NAME	<b>GUILLERMO DUENAS</b>
STREET ADDRESS	<b>477 AVENIDA AMAZONAS, OFICINA 207</b>	STREET ADDRESS	<b>477 AVENIDA AMAZONAS, OFICINA 207</b>
CITY-ST-ZIP	<b>QUITO, ECUADOR</b>	CITY-ST-ZIP	<b>QUITO ECUADOR</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>TREASURER X SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUAN PABLO DUENAS MORENO</b>	NAME	<b>JUAN PABLO DUENAS MORENO</b>
STREET ADDRESS	<b>477 AVENIDA AMAZONAS, OFICINA 207</b>	STREET ADDRESS	<b>477 AVENIDA AMAZONAS, OFICINA 207</b>
CITY-ST-ZIP	<b>QUITO, ECUADOR</b>	CITY-ST-ZIP	<b>QUITO ECUADOR</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>BUITRON, CARLOS A</b>	NAME	
STREET ADDRESS	<b>8454 NW 14 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRING FL 33071</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS BUITRON**

Date

**2/15/00**

Daytime Phone #

**(305) 718-9818**

CR2E034 (9/99)