

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90022 037 \*\*\*150.00

00002063



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000050893**

1. Entity Name  
**BLOOMING COLORS NURSERY, INC.**

Principal Place of Business 20190 SW 296 STREET HOMESTEAD FL 33030 US		Mailing Address 11311 NW 61 ST MIAMI FL 33178 US	
2. Principal Place of Business		3. Mailing Address 20190 SW 296 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOMESTEAD, FL	
Zip	Country	Zip	Country
33030	US	33030	US

4. FEI Number 65-0760525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCHIMMEL, ROBERT L HESSEN, SCHIMMEL & DE CASTRO, P.A. 3191 CORAL WAY, PH-2 MIAMI FL 33145		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 1/5/00  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P RIERA, JAVIER STREET ADDRESS 11311 NW 61 ST CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME P RIERA, JAVIER STREET ADDRESS 20190 SW 296 ST CITY-ST-ZIP HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP RIERA, AYMEE D. STREET ADDRESS 11311 NW 61 ST CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME VP RIERA, AYMEE D. STREET ADDRESS 20190 SW 296 ST CITY-ST-ZIP HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: DATE 1/5/00 DAYTIME PHONE # 305 246-0030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR