2000 UNIFORM BUSINESS REPCLIT (UBR)

Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P99000083218 FLOWERS BUY DIRECT, INC. 08-01-2000 90096 001 ***500.00 08-01-2000 90096 002 ****50.00 Principal Place of Business Mailing Address 11343 NW 65TH STREET 11343 NW 65TH STREET DORAL ISLES FL 33178 DORAL ISLES FL 33178 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Cliv & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name AMKGS REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1980 SUN TRUST INTERNATIONAL CENTER ONE SE THIRD AVENUE ... MIAMI FL 33131 City 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. SIGNATUPE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 18. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2ECTA (BMC) ☐ Change ☐ Addition TITLE □ Delete TITLE SANCHEZ M, FABIO NAME NAME STREET ADDRESS 11343 NW 65TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DORAL ISLES FL 33178** ☐ Addition TITLE ☐ Delete GARZON, MARTA LILIANA NAME NAME STREET ADDRESS 11343 NW 65TH STREET STREET ADDRESS CITY-ST-ZIP DORAL ISLES FL 33178 CITY-ST-ZIP -TITLE ☐ Defete Change STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition Delete ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7P ☐ Change ☐ Addition TITLE TITLE ☐ Deiete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information upplied 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 supplied ental 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 tristee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURES VEFD OR PRINTED NAME OF RIGHING