

**2000 UNIFORM BUSINESS REPORT (UBR)** 1/26

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90142 045 \*\*\*150.00

**DOCUMENT # V28749**

1. Entity Name

**ACE BOUQUETS INTERNATIONAL, INC.**

Principal Place of Business 3315 N.W. 74TH AVE. MIAMI FL 33122	Mailing Address 3315 N.W. 74TH AVE. MIAMI FL 33122-1229
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0329133</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FERNANDEZ, LOURDES**  
**3315 N.W. 74TH AVE.**  
**MIAMI FL 33122**

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 \_\_\_\_\_ (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			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio	
NAME	FARALDO, JOSE, JR.			NAME			
STREET ADDRESS	6581 W. 11 LANE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio	
NAME	FARALDO, JOSE, SR.			NAME			
STREET ADDRESS	6581 W. 11 LANE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio	
NAME	FERNANDEZ, LOURDES			NAME			
STREET ADDRESS	6581 W. 11 LANE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio	
NAME	FARALDO, CLARA			NAME			
STREET ADDRESS	6581 W. 11 LANE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio	
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"/> Additio	
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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/24/00 306-599-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*Jose Faraldo*