

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED

May 22, 2001 8:00 am  
Secretary of State

04-25-2001 90039 014 \*\*\*150.00

DOCUMENT # P00000020131

1. Entity Name

12 AVENUE FLOWERS, CORP.

Principal Place of Business

407 SW 12 AVE  
MIAMI FL 33135

Mailing Address

407 SW 12 AVE  
MIAMI FL 33135

2. Principal Place of Business

12 AVE FLOWERS

3. Mailing Address

Suite, Apt. #, etc.  
407 SW 12 AVE

City & State

MIAMI FL

Zip

33135

Country

DADE

Zip

DADE

Country

4. FEI Number

65-0986344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, JULIAN  
2101 SW 16 STREET  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

FELICITA MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

707 W 26 AVE

MIAMI FL 33125

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Reg. Sec'd Agent signature required when re-registering)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ESQUIVEL, LEONARDO	
STREET ADDRESS	4730 NW 2 TERR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	FELICITA MARTINEZ	<input type="checkbox"/> Delete
NAME	FELICITA MARTINEZ	
STREET ADDRESS	707 W 26 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELICITA MARTINEZ	
STREET ADDRESS	707 W 26 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/01

(305) 3246332

CR2E034 (10/00)