

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 357196

1. Entity Name

PREVATTE FLORISTS INC

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90094 027 ***150.00

Principal Place of Business

Mailing Address

836 NORTH LAKE BLVD.
LAKE PARK FL 33408
US

836 NORTH LAKE BLVD.
LAKE PARK FL 33408-5210

2. Principal Place of Business

As Above

3. Mailing Address

As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1284652

Applied For

Not Applicable

Zip

33408

Country

PO

Zip

33408

Country

PO

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

HAWKINS, GERALD L
1391 ALPHA CT.,N.
WEST PALM BEACH FL 33406

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIMAIL, PAMELA	
STREET ADDRESS	836 NORTH LAKE BLVD.	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAWKINS, GERALD	
STREET ADDRESS	1391 ALPHA CT.,N.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRIMAIL, DANIEL	
STREET ADDRESS	4051 A PALM BAY CIR.	
CITY-ST-ZIP	W. PALM BEACH FL	
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"/> 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		
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:

Gerald Hawkins Gerald Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-00 561-848 1485

Daytime Phone #

CR2E034 (9/99)