## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 357196**

1. Entity Name

PREVATTE FLORISTS INC

Principal Place of Business

836 NORTH LAKE BLVD.

LAKE PARK FL 33408

Mailing Address

836 NORTH LAKE BLVD. LAKE PARK FL 33408

## Apr 16, 2001 8:00 am Secretary of State

04-16-2001 90070 023 \*\*\*150.00

F T 4 0 4 0



Country   Country   Sp. 1284652   Applied For   Next Applicable   Sp. 75 Additional Fee Required	80	04 Us Higl ake Park F	nway 1 Ste 5 L 33403-2940	804 Us Highway 1 Ste 5 Lake Park FL 33403-2940		10	DO NOT WRITE IN THIS SPACE			
E. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia.  8. SICNAT IURE  8. SURVAN, hypotic preser name of registered agent acc to it is spiricable.  9. This corporation is erigible to easely its Intangible  Tax filling requirement and elects to do so.  (See offers on back)  9. This corporation is erigible to easely its Intangible  Tax filling requirement and elects to do so.  (See offers on back)  11.  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  OFFICERS AND DIRECTORS  14.  OFFICERS AND DIRECTORS  15.  OFFICERS AND DIRECTORS  16.  OFFICER					<u> </u>	;	FEI Number <b>59-1284652</b>	_		<del></del>
AMWRINS, GERALD L 1391 ALPHA CT.N. WEST PALM BEACH FL 33406  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids and SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  SIGNATURE  grature, spend or prised name of registered agent and the February state of Florids.  After MAY 1, 2001 Fee will be \$550.00.  After MAY 1, 2001 Fee will be \$550.00.  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition  FILE  STO.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addi	Zip	<u> </u>		Zip		.51	Certificate of Status Desired			
HAWKINS, GERALD L 1391 ALPHA CT_N. WEST PALM BEACH FL 33406  City		6. Name	and Address of Current R	egistered Agent		7. [	Name and Address of New Regis	tered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code			•		Name					i
WEST PALM BEACH FL 33406  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  9. This corporation is eligible to satisfy its intrangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. ADDITIONS/C				Street Add	Ctroot Address (D.O. Pau Number is Not Assessable)					
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  Signalure, syndid or presed name of registered agent and to the if applicate.  Por This corporation is erigible to satisfy its intrangible—Tax filling requirement and elects to do so.  (See or fieria on back)  Deficiens And Directors  11. OFFICERS AND DIRECTORS  Trust Fund Contribution.  Added to Fees Make Check Rayable to Department of State  11. OFFICERS AND DIRECTORS  Trust Fund Contribution.  Added to Fees Make Check Rayable to Department of State  11. OFFICERS AND DIRECTORS IN 11  ITILE  NAME  GRIMAIL PAMELA  838 NORTH LAKE BLVD.  LAKE PARK FL  CITY-ST-2P  LAKE PARK FL  CITY-ST-2P  LAKE PARK FL  CITY-ST-2P  LAKE PARK FL  CITY-ST-2P  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-2P  CONTY-ST-2P  CON				Street Address (F.O. Dox Number is Not Acceptable)						
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  9.—This corporation is eligible to satisfy its intangible Tark filing requirement and elects to do so. (See critoria on back)  11.	WES	T PALM BE	ACH FL 33406				.,		_	
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  9. This corporation is eligible to eatisty its intangible Tax filing requirement and elects to do so. (See critoria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  ORIGINALL PAMELA  836 NORTH LAKE BLVD.  LAKE PARK FL  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  NAME  STREET ADDRESS  OTY-ST-ZP  VPD  GRIMALL, DANIEL  ORINST-ZP  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  VPD  GRIMALL, DANIEL  ODelete  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  VPD  GRIMALL, DANIEL  ODElete  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  VPD  GRIMAL, DANIEL  ODElete  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  VPD  GRIMAL, DANIEL  ODE STREET ADDRESS  OTY-ST-ZP  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  ODE STREET ADDRESS  OTY-ST-ZP  OTHER ADDRESS  OTY-ST-ZP  OTHER ADDRESS  OTY-ST-ZP  TITLE  NAME  STREET ADDRESS  OTY-ST-ZP  OTHER ADDRESS  OTHER ADDRESS  OTY-ST-ZP  OTHER ADDRESS					City	<u>-</u>	<del></del>	FI	Zip Cod	e
SIGNATURE  Signature, Speed or present name of registered agent and title if application.  PROTE: Registered Agent signature interview when reinsparing)  PO	_		<u>.                                    </u>	<u> </u>		_		<u> </u>		
Synature, byted or printed name of registered agents and tise 8 implication. (INOTE Registered Agents signature required where resistance)  9This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  PD GRIMAIL, PAMELA 836 NORTH LAKE BLVD.  LAKE PARK FL  STREET ADDRESS CITY-ST-ZIP  HAWKINS, GERALD  1391 ALPHA CT.,N.  W. PALM BEACH FL  VPD GRIMAIL, DANIEL  MAME STREET ADDRESS CITY-ST-ZIP  VPD GRIMAIL, DANIEL  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITL	8. The above	named entit	y submits this statement for t	the purpose of changing its r	egistered office or re	egistered ag	ent, or both, in the State of Florida.			l
Synature, byted or printed name of registered agents and tise 8 implication. (INOTE Registered Agents signature required where resistance)  9This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  PD GRIMAIL, PAMELA 836 NORTH LAKE BLVD.  LAKE PARK FL  STREET ADDRESS CITY-ST-ZIP  HAWKINS, GERALD  1391 ALPHA CT.,N.  W. PALM BEACH FL  VPD GRIMAIL, DANIEL  MAME STREET ADDRESS CITY-ST-ZIP  VPD GRIMAIL, DANIEL  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITL										-
S-This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so. (See criteria on back)  The properties of back of ba	SIGNATURE	Circular hand		distribution of the control of the c	5					
Tax filing requirement and elects to do so. (See criteria on back)    See criteria on back)   See criteria on back   See criter		Signature, typed	or printed name or registered agent and	o tipe ir applicable. (NOTE:	Hegistered Agent signature	required when re	einstating)	UAIE		
See criteria on back    See	•	, ,				10~Flection Campaign Financia	)O.,	¢5 n	O Mari Ba	
11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDR	_	•		1			Trust Fund Contribution.			
TITLE NAME GRIMAIL, PAMELIA GRIMAIL, PAMELIA STREET ADDRESS GREAT LAKE BLVD.  TITLE NAME HAWKINS, GERALD STREET ADDRESS GRIMAIL, DANIEL OLIV-ST-ZIP  TITLE NAME GRIMAIL, DANIEL OLIV-ST-ZIP  NAME GRIMAIL, DANIEL OLIV-ST-ZIP  NAME GRIMAIL, DANIEL OLIV-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY	(See criter	ria on back)	<b>L</b> Σ	Make Check Payabl	e to Department o	f State				
MAME STREET ADDRESS CITY-ST-ZP LAKE PARK FL STD Delete HAWKINS, GERALD 1391 ALPHA CT.,N. W. PALM BEACH FL  TITLE NAME GRIMAIL, DANIEL 4051 A PALM BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZP  NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  NAME STREET ADDRESS CITY-ST-ZP  NAME STREET ADDRESS CITY-ST-ZP  NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP  NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	11.		OFFICERS AND D	IRECTORS	12.	AD.	DITIONS/CHANGES TO OFFICER			
STREET ADDRESS CITY-ST-ZIP LAKE PARK FL  STD Delete NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Ch			DANCE A	☐ Delete						
NAME STREET ADDRESS CITY-ST-ZIP VPALM BEACH FL  TITLE ORIGINALL, DANIEL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		-					THAT STYA	FFOY	rd R	1
NAME STREET ADDRESS CITY-ST-ZIP VPALM BEACH FL  TITLE ORIGINALL, DANIEL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		r.			<b>I</b> '	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 7 3 7 3 1 1	ju]	A A44 .	<b>'</b> _
NAME STREET ADDRESS CITY-ST-ZIP VPALM BEACH FL  TITLE ORIGINALL, DANIEL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			IN FL	<del></del> -	<del></del>		W. PALM BEACH	16.	<u> 334-1</u>	2
STREET ADDRESS CITY-ST-ZIP  TITLE			CEDALD	∟ Delete			·	L	Change	Addition_
CITY-ST-ZIP  VPD GRIMAIL, DANIEL STREET ADDRESS CITY-ST-ZIP  TITLE W. PALM BEACH FL  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			DEROITE			1_111			Thomas	Addition
STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			DANIFI	Uelete			en la serie de la companya de la co	. ~ <u>_</u> _	Change	LI AUGIIUII
CITY-ST-ZIP  W. PALM BEACH FL  CITY-ST-ZIP  U. PALM ROBEL FL 33415  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		, .				THE 2	a com	01	,	Ì
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP					3 T 3	201000	3	3415	ļ
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE			Delete	TITLE	<u> </u>	THE THE THE	<u>т</u> г	Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS								-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	STREET ADORESS				STREET ADDRESS					}
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE			☐ Delete	TITLE				Change	Addition
CITY-ST-ZIP  TITLE  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete TITLE  NAME  STREET ADDRESS	NAME				NAME					Ì
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS										ļ
NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				CITY-ST-ZIP					
STREET ADDRESS STREET ADDRESS				☐ Delete	TITLE				Change	☐ Addition
										ļ
CITY-ST-ZIP / CITY-ST-ZIP			,		1					ĺ
	UIT-SI-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP					

Prevatte Florists Inc

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.