

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90067 014 ***150.00

DOCUMENT # 433999

1. Entity Name

D'CLARK FLORIST CORPORATION

Principal Place of Business

Mailing Address

6733 W. 4TH AVE.
 HIALEAH FL 33012

6733 W. 4TH AVE.
 HIALEAH FL 33012-6605

00020007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1493671**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Norma M. Calleja

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

City

FL

Zip Code

~~CALLEJA, DOMINGO~~
 7355 W. 4TH AVE.
 HIALEAH FL 33014

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

Norma M. Calleja

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~~ ☒ Delete
 NAME ~~CALLEJA, DOMINGO~~
 STREET ADDRESS ~~7355 W. 4TH AVE.~~
 CITY-ST-ZIP ~~HIALEAH FL~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~VD~~ ☐ Delete
 NAME CALLEJA, NORMA
 STREET ADDRESS 7355 W. 4TH AVE.
 CITY-ST-ZIP HIALEAH FL

TITLE *DPST* ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Norma M. Calleja
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PREPARED

2/22/2000

(305) 558-0131

Date

Daytime Phone #

CR2E034 (9/99)