

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90124 034 \*\*\*\*61.25

**DOCUMENT # 701259**

1. Entity Name

**METROPOLITAN MIAMI FLOWER SHOW, INC.**

Principal Place of Business

**55 S.W. 17 ROAD  
 MIAMI FL 33129  
 US**

Mailing Address

**% F.M. MCGINNIS  
 6310 S.W. 28TH STREET  
 MIAMI FL 33155-0021  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6057247**

Applied For

Not Applicable

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

**JOHNSON, CAROL  
 7900 S.W. 97TH TERRACE  
 MIAMI FL 33156**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **JOHNSON, CAROL**  
 CITY-ST-ZIP **7900 S.W. 97TH TERRACE  
 MIAMI FL 33156**

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

TITLE ☒ Delete  
 NAME **VPD**  
 STREET ADDRESS **HERZEGA, JOSETTE D**  
 CITY-ST-ZIP **2505 GRANADA BLVD.  
 CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
 NAME **Lorraine O'Brien**  
 STREET ADDRESS **9100 S.W. 81 Ave**  
 CITY-ST-ZIP **Miami, FL 33156**

TITLE ☒ Delete  
 NAME **VPD**  
 STREET ADDRESS **BING, BERNICE**  
 CITY-ST-ZIP **11297 S.W. 172 STREET  
 MIAMI FL 33157**

TITLE ☒ Change ☐ Addition  
 NAME **Dru Elmore**  
 STREET ADDRESS **10110 S.W. 81 St**  
 CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Delete  
 NAME **RCD**  
 STREET ADDRESS **LUSK-SMITH, JANE**  
 CITY-ST-ZIP **350 WEST ENID DRIVE  
 KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **MCGINNIS, FLORENCE M**  
 CITY-ST-ZIP **6310 SW 28TH STREET  
 MIAMI FL 33155**

TITLE ☐ 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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Florence M. McGinnis* **Florence M. McGinnis** 1/11/00 305-667-0172  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)