

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90083 040 ***158.75

DOCUMENT # F42101

1. Entity Name

EDEN FLORAL FARM, INC.

Principal Place of Business

**2882 N.W. 72ND AVENUE
MIAMI FL 33122**

Mailing Address

**2882 N.W. 72ND AVENUE
MIAMI FL 33122**

2. Principal Place of Business

2153 NW 86th Ave.

Suite, Apt. #, etc.

3. Mailing Address

2153 NW 86th Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

Zip

33122

Country

Miami-Dade

Zip

33122

Country

Miami-Dade

4. FEI Number

59-2155990

Applied For

Not Applicable

5. Certificate of Status Desired

X**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE LA ROSA, PUBLIO
2882 NW 72ND AVENUE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

De la Rosa, Publio

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

2153 NW 86th Ave.

City

Miami**FL**

Zip Code

33122

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, 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 **T** ☐ Delete
NAME **DE LA ROSA, MARIA**
STREET ADDRESS **2882 NW 72ND AVENUE**
CITY-ST-ZIP **MIAMI FL**TITLE **PD** ☐ Delete
NAME **DE LA ROSA, PUBLIO**
STREET ADDRESS **2882 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL**TITLE **V** ☐ Delete
NAME **STAIR, PETER**
STREET ADDRESS **2882 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL**TITLE **S** ☐ Delete
NAME **STAIR, FUMIE**
STREET ADDRESS **2882 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Maria De la Rosa, MARIA DE LA ROSA 2-05-01 305 591 324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)