

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # F79386

1. Entity Name

Flower Importers, Inc

02 JUN 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100006165641--8

07/03/02--01012--001

****150.00 ****150.00

2. Principal Place of Business

8512 Coral Way

3. Mailing Address

8512 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-2188219

Applied For

Not Applicable

Zip

33155

Country

MIAMI-DADE

Zip

33155

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jael Luna

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

14682 SW 145 Terrace

City

MIAMI

FL

Zip Code

33186

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

06/14/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P/S
Jael Luna
14682 SW 145 Terrace
MIAMI FL 33186

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address; with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/14/02

CR2E034B (12/01)

Attachment

Dear, Sirs.

F 79386

As per our conversation over the phone; we missed the payment of this obligation due to lack of knowledge there of. Please wave the late fee. We recently purchased this business had no previous experience.

I thank you in advance for your help, may God bless you!

Sincerely, Jael Luna