

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**  
 02-26-2001 90515 043 \*\*\*150.00

**DOCUMENT # F95387**

1. Entity Name  
**FANTASY FLOWERS, INC.**

Principal Place of Business

**271 ALHAMBRA CIRCLE  
 CORAL GABLES FL 33134  
 US**

Mailing Address

**271 ALHAMBRA CIRCLE  
 CORAL GABLES FL 33134  
 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 **59-2236065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GONZALEZ, JESUS R  
 2160 SW 137 PLACE  
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Jose NAG**  
 Street Address (P.O. Box Number is Not Acceptable) **3894 NW 17th #203**  
 City **MIAMI** FL **33172**

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 **Jose NAG** **JOSE NAG** **1-11-2001**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating) 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 <b>VPS PRES, VPS</b>	<input type="checkbox"/> Delete
NAME <b>SIERRA, MARIA T</b>	
STREET ADDRESS <b>1811 SW 107 AVE #2308</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE <b>VP. SEC.</b>	<input type="checkbox"/> Delete
NAME <b>Omar Sierra</b>	
STREET ADDRESS <b>1800 SW 15th. MIAMI</b>	
CITY-ST-ZIP <b>33145</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 T Sierra** **2/15/01** **305 445 3414**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)