

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90476 024 ***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

1800 S.W. 15 ST.
 Suite, Apt. #, etc.

3. Mailing Address

SAHE
 Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

Country

33145 D.A.D.E.

City & State

Zip

Country

4. FEI Number

59-2236065

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~NAE, JOSE~~
~~3800 NW 7TH~~
~~#200~~
~~MIAMI FL 33126~~

7. Name and Address of New Registered Agent

Name
MARIA T. SIERRA
Street Address (P.O. Box Number is Not Acceptable)
1800 S.W. 15 ST.
MIAMI, FL. 33145
City
MIAMI FL
Zip Code
33145

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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, 2002 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	PT	<input type="checkbox"/> Delete
NAME	SIERRA, MARIA T	
STREET ADDRESS	1800 SW 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SIERRA, OMAR	
STREET ADDRESS	1800 SW 15TH ST	
CITY-ST-ZIP	MIAMI FL 33145	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA T. SIERRA

PRES.

4/30/02 786-306-9600
 Date Daytime Phone #

CR2E034 (9/01)