2002 UNIFORM BUSINESS REPORT (UBR)

F96000002746 DOCUMENT

1. Entity Name

1-800-FLOWERS RETAIL INC.

Principal Place of Business Mailing Address 1600 STEWART AVE 1600 STEWART AVE WESTBURY NY 11590 WESTBURY NY 11590

FILED Sep 17, 2002 8:00 am Secretary of State 09-17-2002 90098 004 ***550.00

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City & State Country Country Country Country S. Certificate of Status Desired Se.75 Auditional Feet Required Se.75 Au	2. Principal Place of Business		3. Mailing Address					
Trace	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
E. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B. The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered agent. Signature This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 After Registered Agent upward when variable in variables. SIGNATURE This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. STEET AGENTS SHEA, WILLIAM STREET AGENTS SHEA, WILLIAM STREET AGENTS BOOK AND CHRISTOPHER SHEAT AGENTS ACCANN, CHRISTOPHER SHEAT AGENTS ACCANN, CHRISTOPHER SHEAT AGENTS BOOK AND CHRISTOPHER SHEAT AGENTS SHEAT AGENTS ACCANN, CHRISTOPHER ANAE SHEAT AGENTS ACCANN, CHRISTOPHER SHEAT AGENTS ACCANN, CHRISTOPHER ACCANN, C	City & State		City & State		110201730			
Name	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional			
Street Address (P.O. Bax Number is Not Acceptable) Street Address (P.O. Bax Number is Not Acceptable)	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elocts to do ao. (Sac criteria on back) TAX fling requirement and elocts to do ao. (Sac criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS 15 WEST DR PLANDONA NY Delate TITLE NAME STREET ADDRESS 15 WEST DR PLANDONA NY Delate TITLE NAME STREET ADDRESS CITY-ST-2P								
## City FL Zip Code ## City FL Zip Co								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatrow, bysec or private name of registered agent and this if applicable. (NOTE: Registered Agent signasure required when reinvoluting) CATE	PLANTATI	ON FL 33324						
SIGNATURE Signature typed or printed rame of registered agent. NOTE: Registered Agent signature required when reincitating DATE								
Supature, lyaped or printed name of registened agent and time applications (NOTE: Registence Agent signature recursed when time tables) (NOTE: Registence Agent signature recursed when time time tables) (NOTE: Registence Agent signature recursed when time tables) (NOTE: Registence Agent signature recursed when time time time time tables) (NOTE: Registence Agent signature recursed when time time time time time time time time								
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
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NAME NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition			
CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t		NAME STREET ADDRESS CITY-ST-ZIP				

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:

Attechment

1-800-flowers com. # 194 0000 2446

	CHECK REQUEST	
	800-FLOWERS	
	1-800 RETAILX	
	GIFTHOUSE	
	CONROY'S	
un an un	GENERAL AD FUND	
	LOCAL AD FUND	
PAYEE:	UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500	
DATE:	8/5/02 \$ 080602	
AMOUNT:	\$ 550.00	•
DESCRIPTION:	UNIFORM BUSINESS REPORT (FL)	АММ
		SEP 10 2002 B
REQUESTED BY:	SCOTT ARCHILA	
AUTHORIZED:		
VENDOR#		
G/L ACCT#	16 76055 1/0 07005 060 0000 0000	