

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90088 046 ***550.00

DOCUMENT # F99000005705

1. Entity Name

U.S.A. FLORAL PRODUCTS, INC.

Principal Place of Business

**1025 THOMAS JEFFERSON ST., NW
 STE 300 EAST
 WASHINGTON DC 20007**

Mailing Address

**1025 THOMAS JEFFERSON ST., NW
 STE 300 EAST
 WASHINGTON DC 20007**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2030697

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
 NAME **POIRIER, BOB**
 STREET ADDRESS **1025 THOMAS JEFFERSON ST NW, STE 300 EAST**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE **PCD** ☒ Change ☐ Addition
 NAME **Broomfield, Michael**
 STREET ADDRESS **1025 Thomas Jefferson Street, Suite 300 E**
 CITY-ST-ZIP **Washington, DC 20007**

TITLE **V** ☒ Delete
 NAME **FERGUSON, DWIGHT**
 STREET ADDRESS **1025 THOMAS JEFFERSON ST NW, STE 300 EAST**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** ☒ Delete
 NAME **LEDECKY, JONATHAN**
 STREET ADDRESS **1400 34TH ST, NW**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **KIPPHUT, MIKE**
 STREET ADDRESS **1025 THOMAS JEFFERSON ST NW, STE 300 EAST**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE **T** ☒ Change ☐ Addition
 NAME **Coole, Andrew**
 STREET ADDRESS **1025 Thomas Jefferson Street, Ste 300 E**
 CITY-ST-ZIP **Washington, DC 20007**

TITLE **D** ☐ Delete
 NAME **GRANT, ANN T**
 STREET ADDRESS **3100 N. DINWIDDLE STREET**
 CITY-ST-ZIP **ARLINGTON VA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **WATERS, JULIE A**
 STREET ADDRESS **1025 THOMAS JEFFERSON ST NW, STE 300 EAST**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Waters, Julie A.**
 STREET ADDRESS **1025 Thomas Jefferson Street, Ste 300 E**
 CITY-ST-ZIP **Washington, DC 20007**

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:

JULIE A. WATERS, SECRETARY

7-25-00

Date

202.295.6808

Daytime Phone #

CR2E034 (5/00)