2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H65925

1. Entity Name

BOAT BLOSSUMS WHOLESALE FLORISTS, INC.

06-09-2000 90011 027 ***100.00
FILED H65925
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 2:48

Principal Place of Business	Mailing Address
% BRUCE M. GOTTLIEB 125 N. 46TH AVENUE HOLLYWOOD FL 33021	% BRUCE M. GOTTLIEB 125 N. 46TH AVENUE HOLLYWOOD FL 33021-6601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Boat Blossums	Boat Blossums.
Suite, Apt. #, etc. 6850 Stirling Road	Suite, Apt. #, etc. 6850 Stirling Road.
City & State Hollywood, FL	City & State Hollywood FL
Zip 33024 Country USA	Zip 33024 Country USA

4. FEI Number 59-2551972 ☐ Applied For ☐ Not Applicable

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
GOTTLIEB, BRUCE M. 125 N. 46TH AVENUE HOLLYWOOD FL 33021	Name Lynn R. Hoffman. Street Address (P.O. Box Number is Not Acceptable) 17 SE 11 Avenue. City Fort Lauderdale FL Zip Code 33301

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 Lynn Hoffman, Pres 6/1/00
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 $150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HOFFMAN, LYNN 6850 STIRLING RD HOLLYWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Hoffman, Lynn 17 SE 11 Avenue Fort Lauderdale, FL 33301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOFFMAN, CYNTHIA F. 6850 STIRLING RD HOLLYWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hoffman-Dias, Cynthia. 1608 Tyler Street Hollywood FL 33020.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003327641--0 -07/19/00--01036--025 *****50.00 *****50.00	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Lynn Hoffman Pres 6/1/00 (954) 923-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #