

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91561 026 ***150.00

DOCUMENT # H88717

1. Entity Name

FLOWERS U.S.A. INC *ALORIS CLASS Flowers, Inc*

Principal Place of Business

**505-B S CYPRESS RD
POMPANO BEACH FL 33060**

Mailing Address

**505-B S CYPRESS RD
POMPANO BEACH FL 33060**

2. Principal Place of Business

3000 Commercial Blvd

3. Mailing Address

4030 NE 16 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT LAUDERDALE

FT LAUD

City & State

City & State

FL

FL

Zip

Country

Zip

Country

33308

U.S.A.

33334

USA.

6. Name and Address of Current Registered Agent

**BROWN, BARBARA M.
4030 N.E. 16TH TERRACE
FT. LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

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 \$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 ☐ Delete
NAME **PDST**
STREET ADDRESS **BROWN, BARBARA M.**
CITY-ST-ZIP **4030 N.E. 16TH TERR.
FT. LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

4-15-02 954-772-1999

Date

Daytime Phone #

CR2E034 (9/01)