

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00461

1. Entity Name

COLONIAL HOUSE OF FLOWERS, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90011 029 ***150.00

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

Colonial House of Flowers
 Suite, Apt. #, etc.
 6850 Stirling Road

Colonial House of Flowers
 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

59-2642650

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

R. Lynn Hoffman, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

6/1/00

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	DP	<input type="checkbox"/> Delete
NAME	HOFFMAN, R. LYNN	
STREET ADDRESS	6850 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	HOFFMAN, CYNTHIA F	
STREET ADDRESS	6850 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffman, R. Lynn	
STREET ADDRESS	17 SE 11 Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffman, Cynthia F.	
STREET ADDRESS	1608 Tyler Street	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
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:

R. Lynn Hoffman, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00

Date

(954) 981-1420

Daytime Phone #

CRZE034 (9/99)