

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90028 038 ***150.00

DOCUMENT # J89097

1. Entity Name

THE FLOWER CLUB, INC.

Principal Place of Business

Mailing Address

% LIGIA ACEVEDO
 12118 SW 117TH CT
 MIAMI FL 33186

% LIGIA ACEVEDO
 12118 SW 117TH CT
 MIAMI FL 33186-5205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0088426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, THEODORE M ESQUIRE
3250 MARY STREET
SUITE 400
COCONUT GROVE FL 33133

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, 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: PT
 NAME: ACEVEDO-CRYSTAL, LIGIA
 STREET ADDRESS: 4150 CRAWFORD AVE
 CITY-ST-ZIP: COCONUT GROVE FL
 Delete

TITLE: P, VP, S, T
 Change Addition

TITLE: SVP
 NAME: ACEVEDO, IGNACIO
 STREET ADDRESS: 13555 SW 119 STR
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: _____
 Change Addition

TITLE: _____
 Delete

TITLE: _____
 Change Addition

TITLE: _____
 Delete

TITLE: _____
 Change Addition

TITLE: _____
 Delete

TITLE: _____
 Change Addition

TITLE: _____
 Delete

TITLE: _____
 Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIGIA ACEVEDO CRYSTAL

4/3/00

Date

(305) 252-8957

Daytime Phone #

CFR 1.034 (SACB)