

Page 1/2

9/12/2003-90098-033-\$150.00-\$150.00

FILED

03 SEP 24 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K85395																																																																																																			
1. Entity Name UNIQUE FLORAL CREATIONS, INC.																																																																																																			
Principal Place of Business 9602 E MARTIN LUTHER KING BLVD. TAMPA, FL 33610 US		Mailing Address 9602 E MARTIN LUTHER KING BLVD. TAMPA, FL 33610 US																																																																																																	
2. Principal Place of Business		3. Mailing Address																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																	
City & State		City & State																																																																																																	
Zip	Country	Zip	Country																																																																																																
4. Name and Address of Current Registered Agent PIARROT, YEONA C. 9802 E M. L. KING BLVD. TAMPA, FL 33610		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																			
4. FEI Number 59-2844420 Applied For: ☐ Not Applicable																																																																																																			
☒ CHECK HERE IF MAKING CHANGES																																																																																																			
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. I am familiar with, and accept the obligations of registered agent.																																																																																																			
SIGNATURE _____ Signature, printed or printed name of registered agent and date of registration																																																																																																			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																	
<table border="1"> <tr> <td>TITLE</td> <td>President</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PIARROT, YEONA C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7206 S 49TH AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>TAMPA, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>KOFFLER, LEONARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4801 FAIR OAKS AVE.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>TAMPA, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	President	☐ Delete	NAME	PIARROT, YEONA C.		STREET ADDRESS	7206 S 49TH AVE		CITY-STATE-ZIP	TAMPA, FL		TITLE	ST	☒ Delete	NAME	KOFFLER, LEONARD		STREET ADDRESS	4801 FAIR OAKS AVE.		CITY-STATE-ZIP	TAMPA, FL		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>TITLE</td> <td>KAREN DAVIS</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>7408 50th Ave S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Tampa FL 33619</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>Secretary & Treasurer.</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	KAREN DAVIS	☐ Change ☒ Addition	NAME	7408 50th Ave S		STREET ADDRESS	Tampa FL 33619		CITY-STATE-ZIP	Secretary & Treasurer.	☐ Change ☐ Addition	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE	President	☐ Delete																																																																																																	
NAME	PIARROT, YEONA C.																																																																																																		
STREET ADDRESS	7206 S 49TH AVE																																																																																																		
CITY-STATE-ZIP	TAMPA, FL																																																																																																		
TITLE	ST	☒ Delete																																																																																																	
NAME	KOFFLER, LEONARD																																																																																																		
STREET ADDRESS	4801 FAIR OAKS AVE.																																																																																																		
CITY-STATE-ZIP	TAMPA, FL																																																																																																		
TITLE		☐ Delete																																																																																																	
NAME																																																																																																			
STREET ADDRESS																																																																																																			
CITY-STATE-ZIP																																																																																																			
TITLE		☐ Delete																																																																																																	
NAME																																																																																																			
STREET ADDRESS																																																																																																			
CITY-STATE-ZIP																																																																																																			
TITLE		☐ Delete																																																																																																	
NAME																																																																																																			
STREET ADDRESS																																																																																																			
CITY-STATE-ZIP																																																																																																			
TITLE	KAREN DAVIS	☐ Change ☒ Addition																																																																																																	
NAME	7408 50th Ave S																																																																																																		
STREET ADDRESS	Tampa FL 33619																																																																																																		
CITY-STATE-ZIP	Secretary & Treasurer.	☐ Change ☐ Addition																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																	
NAME																																																																																																			
STREET ADDRESS																																																																																																			
CITY-STATE-ZIP																																																																																																			
TITLE		☐ Change ☐ Addition																																																																																																	
NAME																																																																																																			
STREET ADDRESS																																																																																																			
CITY-STATE-ZIP																																																																																																			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with as otherwise empowered.																																																																																																			
SIGNATURE: Karen Davis		9-9-03 621-4808																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR		Date																																																																																																	



Unique Floral Creations, Inc.

"We Create With You In Mind"

9/22/03

Yeona Piarrot
President

Karen Davis
~~Leonard Koffler~~
Secretary/Treasurer

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject - K 85395

Karen Davis title is secretary/treasurer
Yeona Piarrot title is president

Yeona Piarrot
President

Attachment 80147618 Page 3 of 3

Unique Floral Creations, Inc.
9602 E Martin Luther King Blvd
Tampa, FL 33610

September 9, 2003

Division of Corporation
P O Box 6327
Tallahassee FL 32314-6478

Re: UNIQUE FLORAL CREATIONS, INC. - DOCUMENT # K85395

Please find enclosed a check in the amount of \$150.00 for the 2003 Uniform Business Report (UBR) for UNIQUE FLORAL CREATIONS, INC. We did not receive a copy of the form UBR and have reproduced a copy from the internet to file.

Please accept our application for filing.

Sincerely,

Karen Davis, manager

Yeona C. Piarrot
President