

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001135

1. Entity Name
INFINITY BOUQUET, LLC

Principal Place of Business

7967 N.W. 21ST STREET
MIAMI FL 33122

Mailing Address

7967 N.W. 21ST STREET
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., STE. 1500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Guillermo Hincapie**

Street Address (P.O. Box Number is Not Acceptable)

7967 NW 21st STREET

City **MIAMI**

FL

Zip Code **33122**

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

4/28/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

E000004341626-6

--06/05/01--01041--009

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** **Guillermo Duenas** ☐ Change ☒ Addition
NAME
STREET ADDRESS **7967 NW 21st street**
CITY-ST-ZIP **MIAMI FL. 33122**

TITLE **V** **JUAN-P. DUEÑAS** ☐ Change ☒ Addition
NAME
STREET ADDRESS **201 ~~SW~~ Crandon Blvd.**
CITY-ST-ZIP **Key Biscayne, FL. 33149**

TITLE **T** **CARLOS A. Buitron** ☐ Change ☒ Addition
NAME
STREET ADDRESS **12843 NW 22nd Manor**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Juan Pablo Duenas** **4/28/01** **305/594-6562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #