2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/23

FILED
May 12, 2003 8:00 am
Secretary of State
04-23-2003 90228 050 ****55.00

DOCUMENT # L02000029615

1. Entity Name

HLB FLOWERS, L.L.C.

44001350

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
324 SOUTH UNIVERSITY DRIVE PLANTATION FL 33324	324 SOUTH UNIVERSITY DRIVE PLANTATION FL 33324

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 13-4220081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES FL 33146	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ~~ADDITIONS/CHANGES~~	
TITLE	MANAGER/MEMBER ☐ Delete	TITLE	MEMBER ☐ Change ☐ Addition
NAME	SERGIO AUGUSTO DOS SANTOS	NAME	LAIS FONTURA RODRIGUES de CASTRO
STREET ADDRESS	3031 N. OCEAN BLVD. 1405	STREET ADDRESS	RUA AROABA 205
CITY-ST-ZIP	FT LAUDERDALE FL 33306	CITY-ST-ZIP	VILA LEOPOLDINA, SAO PAULO, BRAZIL 05315-020
TITLE	MANAGER/MEMBER ☐ Delete	TITLE	MEMBER ☐ Change ☐ Addition
NAME	HOMERO LEVY DE BARROS	NAME	LORENZ HARTMANN de BARROS
STREET ADDRESS	10421 GOLDEN EAGLE CT.	STREET ADDRESS	10421 GOLDEN EAGLE CT.
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	PLANTATION FL 33324
TITLE	MANAGER/MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~PAULO ROBERTO DUARTE DE CASTRO~~	NAME	
STREET ADDRESS	RUA AROABA 205	STREET ADDRESS	
CITY-ST-ZIP	VILA LEOPOLDINA, SAO PAULO, BRAZIL 05315-020	CITY-ST-ZIP	
TITLE	TREASURER/MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRUNHILDE HARTMANN-LEVY de BARROS	NAME	
STREET ADDRESS	10421 GOLDEN EAGLE CT.	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	SECRETARY/MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CATIA CILENE PRANDA EVANGELISTA	NAME	
STREET ADDRESS	3031 N. OCEAN BLVD 1405	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	ADMIN/MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MELISSA HARTMANN de BARROS	NAME	
STREET ADDRESS	10421 GOLDEN EAGLE CT.	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	

CR2E083 (10/02)

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.

954.425.8808

SIGNATURE: [signature] Melissa Hartmann de Barros 4-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #