2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State M54403 DOCUMENT # 1. Entity Name 04-16-2002 90026 033 ***150.00 SPRING BOUQUET, INC. Principal Place of Business Mailing Address % Ana C. Arias * ANA C. ARIASST % Ana C. Arias % ANA C: ARIASST 444 E. 14TH ST. 444 E. 14TH ST. HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 16 Applied For 4. FEI Number 59-2822204 Ialear Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARIAS, ANA 444 EAST 14 ST. HIALEAH FL 33010 etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named emity submits the SIGNATURE registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition ☐ Change TITLE TITLE ☐ Delete ARIAS, ANA C. NAME NAME 444 EAST 14 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZiP VΡ TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME ARIAS, HENRY STREET ADDRESS 444 EAST 14 ST. STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 interested 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 entrustee empowered of 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 a lateress. With all other like empowered.