

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 08, 2000 8:00 am
Secretary of State

07-17-2000 90009 011 ****61.25

DOCUMENT # N00340

1. Entity Name

WILDFLOWER OF COCONUT GROVE, INC.

Principal Place of Business

2727 S.W. 22 AVE.
 MIAMI FL 33133

Mailing Address

2727 S.W. 22 AVE.
 MIAMI FL 33133

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

59-2581471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REINERT, TONY
 2731 SW 22 AVE
 MIAMI FL 33133

Paul Reinert

7. Name and Address of New Registered Agent

Name *PAUL REINERT*

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

2731 SW 22 AVE

City *MIAMI*

FL

Zip Code *33133*

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 *Paul Reinert* *Paul Reinert*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/11/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRILLO, A.A.	
STREET ADDRESS	2727 SW 22ND AVE.	<i>D. Direct.</i>
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARVER, JOSE	
STREET ADDRESS	2729 SW 22ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REINERT, TONY	
STREET ADDRESS	2731 SW 22ND AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Pres. to be elected</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>PAUL REINERT</i>	
STREET ADDRESS	<i>2731 SW 22 AVE</i>	<i>Direct</i>
CITY-ST-ZIP	<i>MIAMI FL 33133</i>	
TITLE	<i>NAYLA BENNETZ</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>BENNETZ</i>	
STREET ADDRESS	<i>BENNETZ</i>	<i>Direct.</i>
CITY-ST-ZIP		<i>D</i>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Reinert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2000

Date

Daytime Phone #

852-6695

CPRE037 (5/00)