

2001 UNIFORM BUSINESS REPORT (UBR)

2/13/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-13-2001 90076 017 ****61.25

DOCUMENT # N00340

1. Entity Name

WILDFLOWER OF COCONUT GROVE, INC.

Principal Place of Business

Mailing Address

2727 S.W. 22 AVE.
 MIAMI FL 33133

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

6. Name and Address of Current Registered Agent

REINERT, TONY
2731 SW 22 AVE
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **PAULI 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

Pauli Reinert
 Signature, typed or printed name of registered agent, and title if applicable
PAULI REINERT

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/01

FILE NOW:
FEE IS \$61.25

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** ☐ Delete
 NAME **GRILLO, A.A.**
 STREET ADDRESS **2727 SW 22ND AVE.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Delete
 NAME **MARVER, JOSE**
 STREET ADDRESS **2729 SW 22ND AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Delete
 NAME **REINERT, TONY**
 STREET ADDRESS **2731 SW 22ND AVE.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **PAULI REINERT**
 STREET ADDRESS **DIRECTOR - PRESIDENT**
 CITY-ST-ZIP **2731 SW 22 AVE**
MIAMI FL 33133

TITLE **D** ☐ Change ☒ Addition
 NAME **RUBEN BENITEZ**
 STREET ADDRESS **2723 SW 22 AVE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

AA Grillo
AA GRILLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2001
 Date

305 857 6695
 Daytime Phone #

CR2E037 (10/00)