

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91619 011 ****61.25

DOCUMENT # N01000007661

1. Entity Name

THREE LITTLE FLOWERS CENTER, INC.

Principal Place of Business

Mailing Address

**1297 NORTHWEST 170 TERRACE
 PEMBROKE PINES FL 33028**

**1297 NORTHWEST 170 TERRACE
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

PO Box 82 1031

PO Box 82 1031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

City & State

Pembroke Pines FL.

Zip

33008-1031

Country

USA

Zip

33008-1031

Country

USA

4. FEI Number

65-1148956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 4040 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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.

SIGNATURE

Wilhel J. Francois

4/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **DEETJEN, LODZ**
 STREET ADDRESS **1297 NORTHWEST 170 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
 NAME **17039 NW 19 ST**
 STREET ADDRESS **Pembroke Pines, FL 33028**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **VINCENT, MICHAELLE**
 STREET ADDRESS **1297 NORTHWEST 170 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
 NAME **170 39 NW 19 ST**
 STREET ADDRESS **Pembroke Pines, FL 33028**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **JEAN-LOUIS, WILHEL**
 STREET ADDRESS **1297 NORTHWEST 170 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
 NAME **170 39 NW 19 ST**
 STREET ADDRESS **Pembroke Pines, FL 33028**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

(954) 704-8069

Date

Daytime Phone #

CR2E037 (9/01)