

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -6 AM 8:35

11/28

DOCUMENT # P00000005721

1. Entity Name

Fiore Wholesale Florist, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 5490 Dexter Way

Suite, Apt. #, etc.

22

City & State

23 Mangonia Park FL

Zip County

24 33407 25 Palm Beach

3. Mailing Address

5490 Dexter Way

26 Suite, Apt. #, etc.

27

City & State

Mangonia Park FL

28 Zip County

33407 Palm Beach

200004698512--1

-11/29/01--01057--008

\*\*\*\*150.00 \*\*\*\*150.00

4. FEI Number

65-0978279

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

Dave K. Roy  
1818 S. Australian Avenue, Suite 400  
West Palm Beach, FL 33409

81 Dave K. Roy, Esq.

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

83 440 Columbia Drive #300

84 West Palm Beach FL 33409

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

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

Dave K. Roy by M.K. Cook as Attorney-in-Fact

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May be added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director  
NAME Sascha Bennemann  
STREET ADDRESS 1818 S. Australian Ave, Suite 400  
CITY-ST-ZIP West Palm Beach, FL 33409

1.1 TITLE Director  
1.2 NAME Sascha Bennemann  
1.3 STREET ADDRESS 5490 Dexter Way  
1.4 CITY-ST-ZIP Mangonia Park, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE President  
2.2 NAME Sascha Bennemann  
2.3 STREET ADDRESS 5490 Dexter Way  
2.4 CITY-ST-ZIP Mangonia Park, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Treasurer & Secretary  
3.2 NAME Sascha Bennemann  
3.3 STREET ADDRESS 5490 Dexter Way  
3.4 CITY-ST-ZIP Mangonia Park, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sascha Bennemann by M.K. Cook as Attorney-in-Fact 10/15/2001 561-602-9841

Date

Daytime Phone #

2824

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Fiore Wholesale Florist, Inc.**

Enclosed are the following:

1. Uniform Business Report for the company referenced above.

~~2. \$150.00 check payable to Florida Department of State~~

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Sascha Bennemann

Title: President

Date: October 15, 2001

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 24, 2001

FIORE WHOLESALE FLORIST, INC.  
5490 DEXTER WAY  
MANGONIA PARK, FL 33407

SUBJECT: FIORE WHOLESALE FLORIST, INC.  
Ref. Number: P00000005721

We have received your document for FIORE WHOLESALE FLORIST, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Attorney-in-fact signature is acceptable for an officer/director's signature; however, it is not acceptable for the registered agent's signature.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 301A00058537

- Amended

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