

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029500

1. Entity Name

R&E FLORAL X-PRESS, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90042 025 ***150.00

Principal Place of Business

8518 S.W. 8TH STREET,STE.131
MIAMI FL 33144

Mailing Address

8518 S.W. 8TH STREET,STE.131
MIAMI FL 33144

2. Principal Place of Business

P.O. BOX 522324

3. Mailing Address

P.O. BOX 522324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

MIAMI FL

4. FEI Number

65-0993025

Applied For

Not Applicable

Zip

Country

33152-2324 USA

Zip

Country

33152-2324 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABREUS-GONZALEZ, SANDRA
8518 S.W. 8TH STREET,STE.131
MIAMI FL 33144

7. Name and Address of New Registered Agent

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

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

(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, 2001 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

TITLE **PTD** ☐ Delete
NAME **ABREUS-GONZALEZ, SANDRA**
STREET ADDRESS **8518 S.W. 8TH STREET,STE.131**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VSD** ☐ Delete
NAME **GONZALEZ, LEANDRA O**
STREET ADDRESS **8518 S.W. 8TH STREET,STE.131**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Sandra Gonzalez* X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 436-6666

CR2E034 (10/00)