

FILED

May 30, 2001 8:00 am
Secretary of State

05-11-2001 90118 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044655

1. Entity Name ROSALINDA FLOWERS CO INC

Principal Place of Business

Mailing Address

11260 NW 46TH LANE
MIAMI FL
33178POB 22-6948
MIAMI FL
33122-6948

2. Principal Place of Business

3. Mailing Address

11260 NW 46TH LANE
MIAMI

POB 22-6948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applicable For

Not Applicable

33178

Country

Zip

Country

65-1005148

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODALYS FEINBERG
11260 NW 46TH LANE
MIAMI FL 33178

Name ODALYS FEINBERG

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

11260 NW 46TH LANE

MIAMI

FL

33178

City MIAMI

FL

Zip Code 33178

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

Odaly Feinberg N/A

5-25-01

Signature, name or printed name of registered agent and date of signature

(Note: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)FILE MONTHLY FEE IS \$150.00
ANNUAL FEE IS \$1,800.00
Fee will be \$1,800.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT VP See Instructions Delete

NAME ODALYS FEINBERG

STREET ADDRESS 11260 NW 46TH

CITY-ST-ZIP MIAMI FL 33178

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: Odaly Feinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-27-01

Signature Printed Name