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Secretary of State

03-20-2003 90159 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000057462

1. Entity Name
DANIEL'S EVENT AND FLORAL PRODUCTION INC.Principal Place of Business
7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON, FL 33433Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON, FL 334332. Principal Place of Business
21000 Boca Rio Road
Suite, Apt. #, etc. A-253. Mailing Address
21000 Boca Rio Road
Suite, Apt. #, etc. A-25City & State
Boca Raton, FLCity & State
Boca Raton, FL

Zip 33433 Country USA

Zip 33433 Country USA

4. Name and Address of Current Registered Agent

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON, FL 33433Name
Garellek, Steven

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

700 S. Federal Highway Suite 200

City Boca Raton FL Zip Code 33433

5. The above named entity agrees to this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

DATE

2-25-03

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PASSEN, DAWN	21000 BOCA NW RD A 25	BOCA RATON, FL 33433

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Joaquin, Dawn	21000 Boca Rio Road A-25	Boca Raton, FL 33433

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	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(5)(b), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with or without the endorsement.

SIGNATURE:

[Signature]
 PRINTED NAME AND ADDRESS OF AGENT OR DIRECTOR

10042511