

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91195 037 \*\*\*150.00

**DOCUMENT #**  
 1. Entity Name: *Rhomas Flowers & Gifts, INC.* *P00.000077751*

Principal Place of Business Mailing Address  
*Rhomas Flowers & Gifts Inc.*  
*1860 NW 42ND TERRACE, D207*  
*LAUDERHILL FLORIDA 33313*

2. Principal Place of Business *SAME* 3. Mailing Address *SAME*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**  
*Spiegel & UTRERA, P.A.*  
*LAWYERS*  
*343 ALMERIA AVENUE*  
*CORAL GABLES*  
*FLORIDA 33134*

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**7. Name and Address of New Registered Agent**  
 Name *SAME IN BOX #6*  
 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 \_\_\_\_\_ (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.  **FILE NOW!** After MAY 1, 2001 Fee will be \$550.00. **FEE IS \$150.00** Fee will be \$50.00 to Department of State. **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>P</i> <i>JOAN PAULINE EDWARDS</i>
STREET ADDRESS	<i>1960 NW 42ND TERRACE Apt D207</i>
CITY-ST-ZIP	<i>LAUDERHILL FL 33313</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>S</i> <i>ANDRE EDWARDS</i>
STREET ADDRESS	<i>1960 NW 42ND TERRACE Apt D207</i>
CITY-ST-ZIP	<i>LAUDERHILL FLORIDA 33313</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>V</i> <i>Gillian EDWARDS</i>
STREET ADDRESS	<i>1960 NW 42ND TERRACE Apt D207</i>
CITY-ST-ZIP	<i>LAUDERHILL FLORIDA 33313</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ANDRE EDWARDS* *A E L S* *04/28/2001* *954-733-5182*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *SECRETARY* Date Daytime Phone #

CR2E034 (11/00)