

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079449

1. Entity Name

ALL ABOUT ROSES OF SOUTH FLORIDA, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91316 011 ***150.00

Principal Place of Business

Mailing Address

4995 NW 95 AVE
SUNRISE FL 333514995 NW 95 AVE
SUNRISE FL 33351

2. Principal Place of Business

8855 SPRINGTREE LAKES DR

3. Mailing Address

P.O. BOX 26372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

TAMARAC, FL

4. FEI Number

65-1030661

Applied For

Not Applicable

Zip

33351

Country

BROWARD

Zip

33320

Country

BROWARD

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

LUPONE, GARY
4995 NW 95 AVE
SUNRISE FL 33351

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

GARY LUPONE

2-15-01

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	LUPONE, GARY	4995 NW 95 AVE SUNRISE FL 33351	<input checked="" type="checkbox"/>		D	GARY LUPONE 8855 SPRINGTREE LAKES DR. SUNRISE, FL 33351		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: 

GARY LUPONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-01

Daytime Phone #

954
X748 1653

CR2E034 (10/00)