

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90198 033 ***150.00

DOCUMENT # P00000091889

1. Entity Name
FLOWERS IN HOURS, INC.

Principal Place of Business
9949 NW 89TH AVE., BAY #14
MEDLEY FL 33178

Mailing Address
9949 NW 89TH AVE., BAY #14
MEDLEY FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
650 West Ave.

3. Mailing Address
650 West Ave.

Suite, Apt. #, etc.
#2107

Suite, Apt. #, etc.
#2107

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number
applied for

☒ Applied For
☐ Not Applicable

Zip Country
33139 U.S.A

Zip Country
33139 U.S.A

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

MCCAUL RICCA, ESQ., MICHELE
2312 WILTON DR.
FT. LAUDERDALE FL 33305

Name
Gregory Borer

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

#2107

City **Miami Beach** **FL** Zip Code **33139**

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 *Gregory Borer*

(NOTE: Registered Agent signature required when reinstating)

4-20-01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Delete
 NAME **Leonard Ricca, Jr.**
 STREET ADDRESS **140 Lakeview Drive #102**
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **Pres., V.P., Sec./Tres.** ☐ Change ☒ Addition
 NAME **Gregory Borer**
 STREET ADDRESS **650 West Ave. #2107**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: *Leonard Ricca + Gregory Borer* **4-20-01** **305-696-8330**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)