

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90005 033 ***158.75

DOCUMENT # P00000109321

1. Entity Name

BEST FLOWERS 4 YOU, INC.

Principal Place of Business

Mailing Address

291 VIA ROSADA
 SUITE 45-B
 BOCA RATON FL 33432

291 VIA ROSADA
 SUITE 45-B
 BOCA RATON FL 33432

2. Principal Place of Business

1746 Pierside Cr.

3. Mailing Address

11924 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

Country

33414 PBC

Zip

Country

33414 PBC

4. FEI Number

65-1058462

Applied For

Not Applicable

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

RODRIGUEZ, FERNANDO J
 291 VIA ROSADA
 SUITE 45-B
 BOCA RATON FL 33432

Name

STEFFANI T. MARTIN

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

MARTIN & MARTIN TAX & ACCOUNTING INC

1704 17th LANE

City

LAKE WORTH

FL

Zip Code

33463

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

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 PD
 NAME GOMEZ DE LA TORRE, FERNANDO
 STREET ADDRESS 9880 GRAND VERDE WAY #1610
 CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE VD
 NAME RODRIGUEZ, FERNANDO J
 STREET ADDRESS 9792 GRAND VERDE WAY #501
 CITY-ST-ZIP BOCA RATON FL 33428 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS 1746 Pierside Cr
 CITY-ST-ZIP Wellington FL 33414 ☒ Change ☐ Addition

TITLE V
 NAME Santiago Gomez de la Torre
 STREET ADDRESS 1746 Pierside Cr
 CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO GOMEZ DE LA TORRE, PRES.

Date

05/27/01

Daytime Phone #

561-306-2160

CR2E034 (10/00)