

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90007 036 ***150.00

DOCUMENT # P01000027068

1. Entity Name
MIXFLOWERS.COM, INC.

Principal Place of Business
P.O. BOX 52-6404
MIAMI FL 33152-6404

Mailing Address
P.O. BOX 52-6404
MIAMI FL 33152-6404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3399 NW 12 AVENUE
 Suite, Apt. #, etc.
Suite 225-2
 City & State
MIAMI, FL 33122

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
65-1093290

Applied For
☐ Not Applicable

Zip
33122

Country
USA

Zip
 Country

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

6. Name and Address of Current Registered Agent

HERNANDEZ & TACORONTE, PA
8500 WEST FLAGLER STREET
STE B-208
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
EDUARDO E. VARGAS
 Street Address (P.O. Box Number is Not Acceptable)
3399 NW 12 AVENUE
Suite 225-2
 City
MIAMI, FL Zip Code
33122

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

DATE
01/25/02

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **EDUARDO E. VARGAS** President
 DATE: **01/25/02** Daytime Phone #: **305 477 6220**

CR2E034 (9/01)