

FILED
Sep 10, 2002 8:00 am
Secretary of State
 09-10-2002 90228 032 ***150.00

FOR PROFIT CORPORATION *2002*
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032110

1. Entity Name M&M FLORAL SUPPLIES

978903

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
3787 Woods Walk

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, Fla.

City & State

4. FEI Number
65-1085811-Applied For
- Not ApplicableZip
33467Country
Palm Beach

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maureen Macy

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

3787 Woods Walk

City Lake Worth

FL

Zip Code
33467

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 of person or persons authorized to register agent and state is applicable.

(NOTE: Registered Agent signature required when a constitution)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(see criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Maureen Macy P/D 3787 Woods Walk Lake Worth, Fla. 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 on an attached list with an address, with all other like and covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 29, 2002

Date

Signature Printed Name

CR2EC04B (12/01)

delackman
928403
70 10000 32110

AUGUST 29, 2002

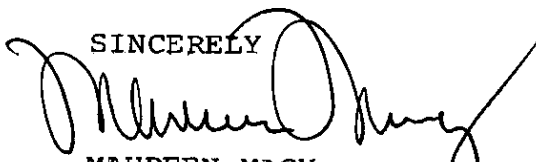
DEPT OF STATE
UBR DIVISION

REF: M&M FLORAL SUPPLIES INC.
UBR RETURN 2002

I AM ENCLOSING FORM UBR FOR 2002 WHICH I DOWN-
LOADED FROM YOUR WEBSITE., I NEVER RECEIVED AN ORGINAL FROM
TALLAHASSEE.

I AM FED EX ING TO YOU A FILLED OUT UBR FOR 2002
WITH A CHECK FOR \$150.00. I HOPE THIS WILL DELETE ANY PENALTIES
BECAUSE OF NON RECEIPT OF THE ORIGINAL REPORT.

SINCERELY


MAUREEN MACY
PRES.