

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

03-25-2002 90196 036 ***158.75
P01000050255

FILED

02 APR -9 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050255

1. Entity Name

LOLA FLOWERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 S. DADELAND BLVD.

Suite, Apt. #, etc.

601

3. Mailing Address

P.O. BOX 630456

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-1105271

Applied For

Not Applicable

Zip
33156

Country

Zip

33163-0456

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD., #240

City

CORAL GABLES

FL

Zip Code

33134

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 renaming)

3-7-02

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
P
MARTINEZ, GRISELDA
7000 ISLAND BLVD., #1602
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
BRAVO, PEDRO
9400 S. DADELAND BLVD., #601
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASTRO, JORGE
7000 ISLAND BLVD., #311
AVENTURA, FL 33160

TITLE
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CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Griselda Martinez Griselda Martinez 3-7-02 305 773 7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #