

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-14-2003 90326 029 \*\*\*150.00  
P01000069897


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0062592 AV

**DOCUMENT # P01000069897**

1. Entity Name  
**CINDY'S FLOWER PLACE, INC.**



Principal Place of Business  
17375 SOUTH DIXIE HWY  
MIAMI FL 33157

Mailing Address  
17375 SOUTH DIXIE HWY  
MIAMI FL 33157



2. Principal Place of Business  
**970 Perrine Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**970 Perrine Ave**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**Miami FL**

Zip  
**33157**

Country  
**US**

Zip  
**33157**

Country  
**US**

4. FEI Number  
**65-1130661**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INGERSOLL CYNTHIA L**  
**19333 SOUTH DIXIE HWY**  
**MIAMI FL 33157**

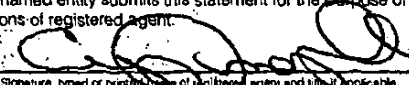
7. Name and Address of New Registered Agent

Name  
**INGERSOLL CYNTHIA L.**

Street Address (P.O. Box Number is Not Acceptable)  
**970 Perrine Ave**

City  
**MIAMI** FL Zip Code  
**33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **7-9-03**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida, Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>INGERSOLL, CYNTHIA L</b>	<b>19333 SOUTH DIXIE HWY</b>	<b>MIAMI FL 33157</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Handwritten initials: p/n*

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

1010777  
= PO/00069897

Attachment

7-9-03

DIVISION OF CORPORATIONS

ATTACHED IS CHECK # 2832  
SENT TO YOU BACK IN FEBRUARY  
2003. FOR AMOUNT DUE. I ASSUME  
CHECK WAS LOST? I AM ENCLOSING  
NEW CHECK FOR THE AMOUNT DUE

Cynthia Ingersoll  
*Cynthia Ingersoll*

<b>CINDY'S FLOWER PLACE, INC.</b> 17375 SOUTH DIXIE HWY. PH. 305-233-0745 MIAMI, FL 33157-4385		63-1458/870 00030/8	2832
Florida Department of State		<del>2803</del>	\$ 150 <sup>00</sup>
ONE HUNDRED FIFTY		<del>00</del>	<del>00</del>
<b>SOFISA</b> Bank of Florida Miami, Florida	Corporation	<i>Cynthia Ingersoll</i>	