

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

06-06-2003 90044 022 \*\*\*150.00

DOCUMENT # P01000071757

1. Entity Name  
CARMENCITA FLOWERS CORP



Principal Place of Business  
15295 SW 106 LANE, BLDG #7, SUITE 711  
MIAMI FL 33196

Mailing Address  
15295 SW 106 LANE, BLDG #7, SUITE 711  
MIAMI FL 33196

2. Principal Place of Business  
10110 SW 154 CIR CT  
Suite, Apt. #, etc.  
#108

3. Mailing Address  
10110 SW 154 CIR CT  
Suite, Apt. #, etc.  
108

City & State  
MIAMI, FL

City & State  
miami FL

Zip Country  
33196 MIAMI DADE

Zip Country  
33196 MIAMI-DADE

4. FEI Number 65-1138566

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ESPIDEL, MIGUEL A  
15295 SW 106 LANE, BLDG #7, SUITE 711  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
10110 SW 154 CIR CT  
#108  
City MIAMI FL Zip Code 33196

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ESPIDEL, MIGUEL	
STREET ADDRESS	15295 SW 106 LANE, BLDG #7, SUITE 711	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	P	<input type="checkbox"/> Delete
NAME	ESPIDEL, CARMEN	
STREET ADDRESS	15295 SW 106 LANE, BLDG #7, SUITE 711	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	<del>ESPIDEL, MIGUEL</del>	<input type="checkbox"/> Delete
NAME	<del>ESPIDEL, MIGUEL</del>	
STREET ADDRESS	<del>10110 SW 154 CIR CT #108</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33196</del>	
TITLE	<del>ESPIDEL, CARMEN</del>	<input type="checkbox"/> Delete
NAME	<del>ESPIDEL, CARMEN</del>	
STREET ADDRESS	<del>10110 SW 154 CIR CT #108</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33196</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10110 SW 154 CIR CT #108	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10110 SW 154 CIR CT #108	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/03(305) 784-4281  
Date Daytime Phone #

CR2E034 (10/02)