

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91791 048 \*\*\*158.75

06/3530 FP

DOCUMENT # P01000072466

1. Entity Name  
GABLES FLOWERS & BASKETS, INC.

PONCE



Principal Place of Business  
1702 PONCE DE LEON BOULEVARD  
CORAL GABLES FL 33134

Mailing Address  
1702 PONCE DE LEON BOULEVARD  
CORAL GABLES FL 33134

2. Principal Place of Business  
1702 PONCE DE LEON BLVD

3. Mailing Address (SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL GABLES - FL

City & State

Zip  
33134

Country  
U.S.A

Zip

Country

4. FEI Number 65-1131339

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ESPERANZA, SOUTO  
1702 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name VICTORIA LEON

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

1702 PONCE DE LEON BLVD

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

SIGNATURE *x Victoria Leon*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4-28-2003

**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

TITLE PSTD  
NAME SOUTO, ESPERANZA  
STREET ADDRESS 1702 PONCE DE LEON BOULEVARD  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME VICTORIA LEON  
STREET ADDRESS 1702 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE VICE-PRESIDENT  
NAME CARLOS ALBERTO MERCADO  
STREET ADDRESS 1702 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *x Esperanza Souto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2003

Date

Daytime Phone #

CR2E034 (10/02)