

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90193 038 \*\*\*550.00

**DOCUMENT # P01000085189**

1. Entity Name  
**ACUARIO FLOWERS BRANDS HOLDING, INC.**

Principal Place of Business Mailing Address  
**701 BRICKELL KEY BLVD SUITE 1807 MIAMI FL 33131**

80123000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **7370 NW 36 St**  
 Suite, Apt. #, etc. **130**

3. Mailing Address **7370 NW 36 St**  
 Suite, Apt. #, etc. **130**

City & State **Miami FL**

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4. FEI Number **65-1134524**

Applied For  
 Not Applicable

Zip **33146**

Country **USA**

Zip **33146**

Country **USA**

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

**6. Name and Address of Current Registered Agent**

**MIAMI CORPORATE SYSTEMS, INC.**  
**283 CATALONIA AVENUE 2ND FLOOR**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **Guido Pothoven**  
 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Key Blvd Ste 1807**  
 City **Miami FL** Zip Code **33131**

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 **7/10/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	<b>POTHOVEN, GUIDO</b>	<b>701 BRICKELL KEY BLVD SUITE 1807</b>	<b>MIAMI FL 33131</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>President/Director</b>	<b>Pothoven, Guido</b>	<b>701 Brickell Key Blvd, Ste 1807 Miami FL 33131</b>	<input checked="" 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"/>

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/10/02** DAYTIME PHONE # **305 418-4460**

Date Daytime Phone #

CR2E034 (4/02)