

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105324

1. Entity Name
ROSES FOR YOU

Principal Place of Business
2481 NW 59 ST. STE 901
BOCA RATON FL 33496

Mailing Address
2481 NW 59 ST. STE 901
BOCA RATON FL 33496

2. Principal Place of Business <u>1200. S. OCEAN BLVD.</u> Suite, Apt. #, etc. <u>APT. 15 G</u>	3. Mailing Address <u>1200 S. OCEAN BLVD.</u> Suite, Apt. #, etc. <u>APT. 15 G</u>
City & State <u>BOCA RATON, FL.</u>	City & State <u>BOCA RATON, FL.</u>
Zip <u>33432</u>	Country <u>33432</u>

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90053 047 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1153758</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURBANO, MARTHA Y
2481 NW 59 ST, STE 901
BOCA RATON FL 33496

Name <u>MARTHA Y. BURBANO</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1200. S. OCEAN BLVD. APT. 15 G</u>
City <u>BOCA RATON</u>
Zip Code <u>FL 33432</u>

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BURBANO, MARTHA Y
2481 NW 59 ST, STE 901
BOCA RATON FL 33496

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BURBANO, MARTHA Y.
1200 S. OCEAN BLVD. APT. 15 G
BOCA RATON, FL. 33432.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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.

CR2E034 (4/02)

SIGNATURE: SICKARTERREFEQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 (561)347-6862
Date Daytime Phone #