

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90605 006 ***150.00

0005719 AT

DOCUMENT # P01000116378

1. Entity Name

MIRAMAR'S FLOWERS IN BLOOM, INC.

Principal Place of Business

**4900 SW 165TH AVENUE
MIRAMAR FL 33027**

Mailing Address

**4900 SW 165TH AVENUE
MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

P.O. Box 278962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, Florida

Zip

Country

Zip

Country

33027-8962 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEL RIO, NOEMI
4900 SW 165TH AVENUE
MIRAMAR FL 33027**

Name

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

City

FL

Zip Code

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.

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 \$150.00

After May 1, 2002 Fee will be \$550.00

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	D DEL RIO, NOEMI 4900 SW 165TH AVENUE MIRAMAR FL 33027	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 (305) 688-0246

Date

Daytime Phone #

CR2E034 (9/01)