

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90037 034 ***150.00

DOCUMENT # P01000116926

1. Entity Name

THE FLOWER EXCHANGE, INC.

Principal Place of Business

**1320 S DIXIE HWY. STE 280
 CORAL GABLES FL 33146**

Mailing Address

**1320 S DIXIE HWY. STE 280
 CORAL GABLES FL 33146**

2. Principal Place of Business

4812 PINE TREE DR

3. Mailing Address

4812 PINE TREE

Suite, Apt. #, etc.

#14

Suite, Apt. #, etc.

#14

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-1158089

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J
 1320 S DIXIE HWY, STE 280
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name

SUSAN OTERO

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

4812 PINE TREE DR

SUITE #14

City

MIAMI BEACH

FL

Zip Code

33140

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 **X Susan Otero**

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

(NOTE: Registered Agent signature required when reinstating)

04/22/02

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

TITLE **D** ☐ Delete
 NAME **OTERO, SUSAN**
 STREET ADDRESS **1320 S DIXIE HWY, STE 280**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

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 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☒ Addition
 NAME **VP. PALACIO, JUAN CARLOS**
 STREET ADDRESS **4812 PINE TREE DR. #14**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

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: **X Susan Otero**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN OTERO
 PRESIDENT.**

Date

Daytime Phone #

(305) 409-2102

CR2E034 (9/01)