

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90859 003 ***150.00

DOCUMENT # PO1000117292

1. Entity Name

BISCAYNE FLORIST, INC.

Principal Place of Business
8201 BISCAYNE BLVD.

Mailing Address
8201 BISCAYNE BLVD.

MIAMI, FL
33318

MIAMI, FL
33318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1158999

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

Name

MICHEL DEFOSSE

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

8201 BISCAYNE BLVD.

City

MIAMI,

FL

Zip Code

33318

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

DEFOSSE MICHEL

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

(NOTE: Registered Agent signature required when reinstating)

02/27/2003
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
NAME MICHEL DEFOSSE
STREET ADDRESS 8201 BISCAYNE BLVD.
CITY - ST - ZIP MIAMI, FL. 33318

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

TITLE ☐ Delete
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CITY - ST - ZIP ☐ 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.

SIGNATURE:

DEFOSSE MICHEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/2003 305 759493
Date Daytime Phone #

CRE034 (9/99)