

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91519 006 ***150.00

4/21

**FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000019935

1. Entity Name
FLOWER ETC., INC.



DO NOT WRITE IN THIS SPACE

55041977

2. Principal Place of Business
613 EAST 49 St.

Suite, Apt. #, etc.
HIALEAH, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3637366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33013

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

TOM, NGUYEN

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

613 EAST 49 St.

City

HIALEAH

FL

Zip Code

33013

**DO NOT WRITE
IN THIS SPACE**

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 retreating)

DATE

January 1 - May 1 (Fee is \$150.00)
After May 1 (Fee is \$550.00)
Amended UBR is \$69.25
Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TAM, HUYNH T
7330 OCEAN TERR # 2804
MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tam Huynh T*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/03 305 446 2055

CR2E034B (12/02)