

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

DOCUMENT # **P02000022286**

1. Entity Name

**EMPORIUM FLOWERS & SERVICES, INC.**



FILED

04 APR 30 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4797 NW 72nd AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FL 33166**

Zip

Country

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JOHN PINTO**

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

**4797 NW 72nd AVENUE**

City

**MIAMI**

**FL**

Zip Code  
**33166**

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]*

10-29-2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  
NAME **JOHN PINTO**  
STREET ADDRESS **4797 NW 72nd AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**200035780752**  
**05/07/04--01092--018 \*\*300.00**

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**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:

*[Signature]*

10-29-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #


CR2E034B (12/02)

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

Please be advise that we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **EMPORIUM FLOWERS & SERVICES, INC.**

Thank you for your courtesy in this matter.



**JOHN PINTO**  
**PRESIDENT**