

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90088 031 \*\*\*150.00

**DOCUMENT # P02000043473**

1. Entity Name

**ALLIUM BLOSSOMS & BASKETS, INC.**



Principal Place of Business

**8668 S.W. 114TH PLACE  
MIAMI FL 33173**

Mailing Address

**8668 S.W. 114TH PLACE  
MIAMI FL 33173**

2. Principal Place of Business

**3138 Ponce De Leon Blvd**

3. Mailing Address

**3138 Ponce De Leon Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Coral Gables**

City & State

**Coral Gables**

4. FEI Number

**71-0885691**

Applied For

Not Applicable

Zip

**33134**

Country

**U.S.A**

Zip

**33134**

Country

**U.S.A**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PSD** ☐ Delete  
NAME **CUBILLAN, GABRIELA**  
STREET ADDRESS **8668 S.W. 114TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Change ☐ Addition  
NAME **Cubillan, Gabriela**  
STREET ADDRESS **8668 S.W. 114 PL**  
CITY-ST-ZIP **Miami, FL 33173**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Ruadex, Steven**  
STREET ADDRESS **8668 S.W. 114 PL**  
CITY-ST-ZIP **Miami, FL 33173**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/09/2003 306-446-4811**

Date

Daytime Phone #

CR2E034 (10/02)