

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

2 C

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90027 044 \*\*\*158.75

**DOCUMENT #** P 02000051735

1. Entity Name

BOTANIC CRYSTAL FLOWER SHOP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1740 Palm Avenue

3. Mailing Address  
6317 S.W. 11 Street

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HIALEAH, FLORIDA

City & State  
WEST MIAMI, FLORIDA

4. FEI Number  
65-1169980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose A. Perez

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

6317 S.W. 11 Street

City

West Miami,

FL

Zip Code  
33144

**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.

SIGNATURE

*Jose A. Perez*

JOSE A. PEREZ

6-18-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
Luis A. SANTANA  
1740 Palm Ave. # 7  
Hialeah, Florida

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
Leosdan Ramirez  
1740 Palm Ave. #7  
Hialeah, Florida

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LUIS A. SANTANA

6-18-03 305-884-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)