

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90167 033 ***155.00

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DOCUMENT # P02000074567

1. Entity Name
A BLOOMING BASKET, INC.



Principal Place of Business
**8771 S W 133RD ST.
MIAMI FL 33176**

Mailing Address
**8771 S W 133RD ST.
MIAMI FL 33176**



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
41-2050626

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, MARIA
8810 S W 132ND PL
MIAMI FL 33186**

Name **HERNANDEZ, MARIA**
Street Address (P.O. Box Number is Not Acceptable)
13260 SW 260 ST

City **MIAMI**

FL

Zip Code **33032**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **HERNANDEZ, MARIA**
STREET ADDRESS **8810 S W 132ND PL**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** Change Addition
NAME **HERNANDEZ, MARIA**
STREET ADDRESS **13260 SW 260 ST**
CITY-ST-ZIP **MIAMI, FL. 33032**

TITLE **VS** Delete
NAME **BOLANOS, CRISTOBAL P**
STREET ADDRESS **8810 S W 132ND PL**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P** Change Addition
NAME **BOLANOS, CRISTOBAL P**
STREET ADDRESS **13260 SW 260 ST**
CITY-ST-ZIP **MIAMI, FL. 33032**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
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 like empowered.

SIGNATURE: **Cristobal P. Bolanos** **REQUIRED** **CRISTOBAL P. BOLANOS** **4/19/03** **305-232-8090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)