

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

3/1

03-17-2003 90111 033 ***150.00

DOCUMENT # P02000076438

1. Entity Name
CARMINA'S FLOWERS & GIFTS, INC.



Principal Place of Business
**6629 NW 177 TERR
MIAMI LAKES FL 33015**

Mailing Address
**6629 NW 177 TERR
MIAMI LAKES FL 33015**

2. Principal Place of Business

5209 NW 74 Ave

3. Mailing Address

6629 NW 177 Terrace

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33015

Country

USA

4. FEI Number

16-1616742

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

**RAMIREZ, CARMINA
6629 NW 177 TERR
MIAMI LAKES FL 33015**

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.

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT, Secretary
CARMINA E. RAMIREZ
6629 NW 177 TERR.
Miami Lakes, FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-03

Date

Daytime Phone #

CR2E034 (10/02)