

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90057 037 ***150.00

90139456

DO NOT WRITE IN THIS SPACE

DOCUMENT# P02000082082

1. Entity Name

FLOWER MAID INC.

Principal Place of Business	Mailing Address
2510 CONGRESSIONAL WAY DEERFIELD BEACH, FL 33442	2510 CONGRESSIONAL WAY DEERFIELD BEACH, FL 33442

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	Applied For
02-0635063	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

DOCARMO, THALMA C
2510 CONGRESSIONAL WAY
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name	ANA CRISTINA DE SOUZA
Street Address (P.O. Box Number is Not Acceptable)	2510 CONGRESSIONAL WAY
	DEERFIELD BEACH, FL 33442
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.

SIGNATURE 	ANA CRISTINA DE SOUZA	06/09/03
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)

FILE NOW! FEE IS \$150.00
After MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVTS	<input checked="" type="checkbox"/> Delete		TITLE	PT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOCARMO, THALMA C			NAME	ANA CRISTINA DE SOUZA		
STREET ADDRESS	2510 CONGRESSIONAL WAY			STREET ADDRESS	2510 CONGRESSIONAL WAY		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: 	ANA CRISTINA DE SOUZA	06/09/03	954-263-6329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Attachment
90139456

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2002 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2003

P02000082082

FLOWER MAID INC.

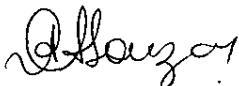
To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

~~Any questions or concern, feel free to contact our~~
accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,



ANA CRISTINA DE SOUZA- President
FLOWER MAID INC.
2510 CONGRESSIONAL WAY
DEERFIELD BEACH, FL 33442
PHONE (954) 263-6329