

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

04-25-2003 90178 016 ***150.00

DOCUMENT # P02000094945

1. Entity Name*

MONICA'S FLOWERS & GIFT BASKETS, INC.



Principal Place of Business

**12969 SW 28TH CT
MIRAMAR FL 33027**

Mailing Address

**12969 SW 28TH CT
MIRAMAR FL 33027**

55050548



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

13-4215188

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

MONICA A PEIXE

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

12969 SW 28th CT

City

MIRAMAR

FL

Zip Code

33027

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

Monica Peixe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **PSTD** ☐ Delete
NAME **PEIXE, MONICA A F**
STREET ADDRESS **12969 SW 28TH CT**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Monica Peixe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

80092084

1014

MONICA'S FLOWERS & GIFT BASKETS INC

12968 SW 28TH CT
MIRAMAR, FL 33027-4136
(954) 447-2074

SUNTRUST
SUNTRUST BANK
63-60/660 7020450

04/21/10

PAY TO THE
ORDER OF

FLORIDA Department of State

\$ 150⁰⁰

One Hundred Fifty AND ⁰⁰/₁₀₀ DOLLARS

MEMO

Doc # PO2000094945

Monica R. [Signature]

AUTHORIZED SIGNATURE

Attachment #

55050548

PO20000094943

SUNTRUST ORL 05052003

5902-001

INCL

17000057530

PAY - 2-03

BANK OF AMERICA, NA JAX
06630000474 E2676 90 P27
05/02/03

0640020750

2221

81925

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FOR FINANCIAL INSTITUTION USAGE ONLY

APR 25 2013

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009008796



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