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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55052972



DOCUMENT # P02000133976

1. Entity Name

LA ROSA FLORIST AND GIFTS, INC.



Principal Place of Business
6650 PARK SIDE DRIVE
PARKLAND FL 33067

Mailing Address
6650 PARK SIDE DRIVE
PARKLAND FL 33067

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

020658735

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LA ROSA, JAMES
2545 N.W. 85 TERRACE
CORAL SPRINGS FL 33065

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 reappointing)

DATE

FILE NOW!!! FEE IS \$350.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS LA ROSA, JAMES 2545 N.W. 85 TERRACE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 registered 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

Daytime Phone #

CR2E034 (4/03)

Elliot Reaves Berman, CPA (Md)
18317 Fresh Lake Way
Boca Raton, FL 33498
954-729-3025

July 15, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: La Rosa Florist and Gifts, Inc.
Document #: P02000133976

Dear Sirs:

This letter is in response to a penalty assessed by the State of Florida for the late filing of the 2003 Uniform Business Report.

La Rosa Florist and Gifts, Inc. is a newly incorporated business filed with the Secretary of State of Florida on December 24, 2002. The taxpayer was not aware of the Uniform Business Report annual filing requirement and indicated that a prior notice was never received. Attached is a check in the amount of \$150 for the original filing fee.

We respectfully request that the State of Florida waive the late filing penalty and afford us the opportunity to pay the original fee owed of \$150.00.

Thank you for your consideration.

Sincerely,



Elliot R. Berman CPA (Md)