

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007600

1. Entity Name

COMMERCIAL FLOWER, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90012 047 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7930 N.W. 66TH ST. MIAMI FL 33166-2726	7930 N.W. 66TH ST. MIAMI FL 33166-2726

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0386928	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GOMEZ, ALFREDO 7930 N.W. 66TH ST. MIAMI FL 33166-2726

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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																				
<table><tr><td>TITLE</td><td>PTD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GOMEZ, ALFREDO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7930 N.W. 66TH ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33166-2726</td><td></td></tr><tr><td>TITLE</td><td>VSD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MARTINEZ, OLIVER H</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3040 N.W. 6TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33125</td><td></td></tr></table>	TITLE	PTD	<input type="checkbox"/> Delete	NAME	GOMEZ, ALFREDO		STREET ADDRESS	7930 N.W. 66TH ST.		CITY-ST-ZIP	MIAMI FL 33166-2726		TITLE	VSD	<input type="checkbox"/> Delete	NAME	MARTINEZ, OLIVER H		STREET ADDRESS	3040 N.W. 6TH STREET		CITY-ST-ZIP	MIAMI FL 33125		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X. Alfredo J. Gomez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)