

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054115

1. Entity Name

A BASKET OF FLOWERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 002 ***150.00

Principal Place of Business

17443 SW 85 AVE.
 MIAMI FL 33157
 US

Mailing Address

2655 LEJEUNE RD., #807
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

17443 SW 85 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami, Florida

Zip

Country

Zip

Country

33157

USA

4. FEI Number

65-0436554

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

KATES, LESTER G
 2655 LEJEUNE RD., #807
 CORAL GABLES FL 33134

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
 NAME FARFAN, ELIZABETH
 STREET ADDRESS 17443 SW 85 AVE.
 CITY-ST-ZIP MIAMI FL 33157

TITLE DVST ☐ Change ☒ Addition
 NAME Bankroast, Mirna
 STREET ADDRESS 17443 SW 85 Avenue
 CITY-ST-ZIP Miami, Florida 33157

TITLE VDST ☒ Delete
 NAME IBARRA, LOURDES
 STREET ADDRESS 9864 SW 56 TERR
 CITY-ST-ZIP MIAMI FL 33173

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

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:

Mirna Bankroast, Mirna Bankroast 4-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 254-8900

CR2E034 (9/99)