

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017798

1. Entity Name

FLOWERMAN OF MIAMI, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90028 011 ***150.00

Principal Place of Business

Mailing Address

2836-C STIRLING ROAD
HOLLYWOOD FL 33020
US

2836-C STIRLING ROAD
HOLLYWOOD FL 33020-1187
US

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

65-0506885

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

PATERNO, FRANCINE
2836-C STIRLING ROAD
HOLLYWOOD FL 33020

Name

Dorothy Adkins

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

2699 Stirling Rd A-304

City

Ft Lauderdale

FL

Zip Code

33312

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 *Dorothy A. Adkins*

[Signature]

2/10/00

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	<input type="checkbox"/> Delete
NAME	PATERNO, ANTHONY	
STREET ADDRESS	2836-C STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PATERNO, FRANCINE	
STREET ADDRESS	2836-C STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C President	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY PATERNO	
STREET ADDRESS	2836-C STIRLING RD	
CITY-ST-ZIP	Hollywood 33020	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

954 927
7526