2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2001 8:00 am DOCUMENT # **P94000047606 Secretary of State** 1. Entity Name J & V FLOWERS, CORP. 02-26-2001 90555 007 ***158.75 Principal Place of Business Mailing Address 9565 HARDING AVE 9565 HARDING AVE SURFSIDE FL 33154 SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0504003 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELIAS, JORGE A 9427 HARDING AVE. SURFSIDE FL 33154 Zip Code 3.3.1 8. The above named entity submits this statement for the purpose of changing its registered office FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE □ Delete TITLE ELIAS, JORGE R NAME NAME 9427 HARDING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL ☐ Addition ☐ Change TITLE Delete TITLE **ELIAS, JORGE A** NAME NAME 9427 HARDING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL Change ☐ Addition TITLE Delete TITLE ELIAS, FEDERICO NAME NAME 9427 HARDING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL ☐ Addition ☐ Delete TITLE ☐ Change ELIAS, MARIA L NAME NAME 9427 HARDING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL ☐ Delete ☐ Change Addition TITLE ELIAS, NICOLAS R NAME 9565 HARDING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 DIRECTO