

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053183

1. Entity Name

SPIGA FLOWERS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90124 025 ***158.75

Principal Place of Business

8005 NW 29TH ST
 2ND FLOOR
 MIAMI FL 33122

Mailing Address

P O BOX 521138
 MIAMI FL 33152-1138

2. Principal Place of Business

1401 N.W 78 AVE

3. Mailing Address

P.O BOX 521138

Suite, Apt. #, etc.

SUITE # 305

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0506193

Applied For

Not Applicable

Zip

33126

Country

U.S.A

Zip

33152-1138

Country

USA

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

DONADO, RUBEN
 1401 N.W. 78 AVENUE
 STE. 203
 MIAMI FL 33126

Name

DONADO, RUBEN

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

1401 N.W 78 AVE SUITE # 305

City

MIAMI

FL

Zip Code
 33126

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

RUBEN DONADO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-00

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 ☐ Delete
 NAME P
 STREET ADDRESS RUBEN, DONADO B.
 CITY-ST-ZIP 1401 N.W. 78 AVENUE, STE. 203-305
 MIAMI FL 33126

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, which is otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 305-599-1900

CR2E034 (9/99)