

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060076

1. Entity Name
WILDFLOWERS THE FLORIST, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90468 040 ***150.00

Principal Place of Business

4302 HOLLYWOOD BLVD
HOLLYWOOD FL 33021
US

Mailing Address

4302 HOLLYWOOD BLVD
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number 65-0512091

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MATRANGA, SCOTT M.

~~8800 N SHERMAN CIR~~

~~#207~~

~~MIRAMAR FL 33023~~

new address

Name

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

12650 SW 20th St.

City

Miramar

FL

Zip Code

33027

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, 2001 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 P
NAME MATRANGA, SCOTT
STREET ADDRESS 12650 SW 20TH ST
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

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

TITLE VP
NAME SMITH, BRIAN
STREET ADDRESS 1908 SW 177TH AVENUE
CITY-ST-ZIP MIRAMAR FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Scott Matranga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01 954-966-8011
Date Daytime Phone #

CR2E034 (10/00)