FILED
Jun 23, 2003 8:00 am
Secretary of State
04-23-2003 90302 020 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020730

1. Entity Name

FRESHEST FLOWERS, INC.

55049354

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7807 N.W. 64TH ST	9600 N.W. 25TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 6-A
City & State MIAMI, FLORIDA 33166	City & State MIAMI, FLORIDA
Zip 33166-2718 County MIAMI-DADE	Zip 33172-1416 County MIAMI-DADE

4. FEI Number 65-0567305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PAUL R. IRIZARRY

Street Address (P.O. Box Number is Not Acceptable) 6429 COW PEN RD U-110

City MIAMI LAKES FL Zip Code 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	IRIZARRY, PAUL R
STREET ADDRESS	6429 COW PEN RD U-110
CITY-ST-ZIP	MIAMI LAKES, FLA 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DPS
NAME	IRIZARRY, PAUL R
STREET ADDRESS	6130 BULLRON RD. Apt 4529
CITY-ST-ZIP	MIAMI LAKES FL 33015
TITLE	
NAME	
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CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-21-03 305-977-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

55049354
#P95000020730

10520 [redacted]

FRESHEST FLOWERS, INC.
7807 NW. 64TH ST.
MIAMI, FL 33166
(305) 470-9720

DATE April 21 '03 63-436-660

PAY TO THE ORDER OF Florida Department of State $ 150.00

One hundred fifty 00/100 DOLLARS

050312378 2064 2048 00 05-01-03

City National Bank of Florida

FEI # 65-
0567305
URB
FOR P95000020730/2003

⑈010520⑈ ⑆066004367⑆ 1403148846⑈ ⑈0000015000⑈

Check # 10520 For $150.00 Posted 05/01/2003

BANK OF AMERICA,NA JAX
6040860546
APR 30 03

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068786
APR 23 2003

Check # 10520 For $150.00 Posted 05/01/2003