

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000054518**

1. Entity Name

Bed Bouquet, Inc.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90007 003 ***550.00

Principal Place of Business

**7500 N.W. 41st St
Miami, FL 33166**

Mailing Address

**380 N.W. 158th Ave.
Pembroke Pine, FL 33028**

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0597380

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A0078099
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Ameri Lawyer
343 Almeria Avenue
Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

Name **N/A**

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

City

FL

Zip Code

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 **N/A**

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

TITLE **President/Secretary**
NAME **Fred U. Bethel**
STREET ADDRESS **380 N.W. 158th Ave**
CITY-STATE-ZIP **Pembroke Pine, FL 33028**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

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: **Fred U. Bethel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/00

Date

(954) 943-2402

Daytime Phone #

CR2E034 (9/99)