

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061330

1. Entity Name

INTERNATIONAL FLOWERS SUPPLIES, INC.

Principal Place of Business

2825 N. UNIVERSITY DR., #410
CORAL SPRINGS FL 33065

Mailing Address

2825 N. UNIVERSITY DR., #410
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, GUILLERMO L

~~5222 N.W. 92ND LANE~~
~~CORAL SPRINGS FL 33067~~

Name

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

2825 N. UNIVERSITY DR. #410

CORAL SPRINGS

FL

Zip Code 33065

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 ☐ Delete
NAME D
STREET ADDRESS RODRIGUEZ, GUILLERMO L
CITY-ST-ZIP ~~5222 N.W. 92ND LANE~~
~~CORAL SPRINGS FL 33067~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2825 N. UNIVERSITY DR. #410
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90042 029 ***150.00

00017472



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0601298
Applied For ☐ Not Applicable ☐

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

0130141

CR2E034 (10/00)