

2001 UNIFORM BUSINESS REPORT (UBR)

P8192

DOCUMENT # P96000023752

1. Entity Name
SAVAGE THE FLOWER, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 AM 10: 07

Principal Place of Business
901 PENNSYLVANIA AVE #1
MIAMI BEACH FL 33139

Mailing Address
901 PENNSYLVANIA AVE #1
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0657169

Applied For
Not Applicable

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

NG, DAVID
901 PENNSYLVANIA AVE #9
MIAMI BEACH FL 33139

Name

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NG, DAVID
STREET ADDRESS 529 W 42 ST, 9W
CITY-ST-ZIP NEW YORK NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS 900004568989--1
CITY-ST-ZIP -09/05/01--01013--004 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *David NG* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. NG, officer

JUL 17 2001

Date

305-674-9946

Daytime Phone #

CR2E034 (5/01)


Attachment pg 292

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT WE WERE ROBBED. ALL DOCUMENTS WERE TAKEN WHICH INCLUDED OUR ORIGINAL UBR REPORT.

THANK YOU.

P66 0000 23 752



DAVID NG
CORPORATE OFFICER