

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91326 043 ***158.75

DOCUMENT # P96000024801

1. Entity Name

VICTORIAN SECRETS FLOWERS WHOLESALE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1009 East 13th Street

Suite, Apt. #, etc.

3. Mailing Address

1009 East 13th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE,

City & State
HIALEAH, FL.

City & State
HIALEAH, FL.

4. FEI Number

65-0657316

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

33010

Country

USA

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

7. Name and Address of Current Registered Agent

Name

PEREZ, JOSE

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

1009 EAST 13th STREET

City

HIALEAH,

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, JOSE
1009 East 13th Street
Hialeah, FL. 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, MARIA
1009 East 13th Street
Hialeah, FL. 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

JOSE PEREZ
President

4-23-03

CR2E034B (12/01)