

2000 UNIFORM BUSINESS REPORT (UBR)

bf2

DOCUMENT # **PA0000024859**
 1. Entity Name **~~Flower Boutique~~ I.H.T. Inc**

FILED

00 JUL 26 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
87 merrick way
Coral Gables Fla 33134

2. Principal Place of Business Suite, Apt. #, etc.
87 Merrick Way

3. Mailing Address Suite, Apt. #, etc.
87 Merrick Way

DO NOT WRITE IN THIS SPACE

City & State Zip Country
Coral Gables Fla. 33134 USA

City & State Zip Country
Coral Gables Fla. 33134 USA

4. FEI Number Applied For
65-0654371 Not Applicable

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

6. Name and Address of Current Registered Agent
Stanley E. Johnson Jr.
1444 Biscayne Blvd Suite 230
Miami, Fla. 33132

7. Name and Address of New Registered Agent
 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 \$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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Barry Moultrie	
CITY-ST-ZIP	President Vice President Secretary Director	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67th Ave.	
CITY-ST-ZIP	Highland, Fla. 33015	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Mike Patterson	
CITY-ST-ZIP	Treasurer Director	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67th Ave.	
CITY-ST-ZIP	Highland, Fla. 33015	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600003349886--0	
CITY-ST-ZIP	-08/08/00--01091--006	
	***150.00 ***150.00	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: **Michael E. Patterson** **Michael E. Patterson** **5-4-2000** **305-460-3523**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

May 4, 2000
202

To Whom it may concern:

Flower Boutique did not receive the enclosed form, 2000 Uniform Business Report, in time to file before the penalty deadline. Your office has advised me that Flower Boutique would not be penalized as long as a letter of explanation accompanied the form, recently received from your office.

Sincerely,
Michael E. Patterson