

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034246

1. Entity Name

FLOWERS BY ELLEN OF SOUTH FLORIDA, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90125 037 ***150.00

Principal Place of Business

2406 MARATHON LANE
FORT LAUDERDALE FL 33312
US

Mailing Address

2406 MARATHON LANE
FORT LAUDERDALE FL 33312
US

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 65-0687354

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

CLEETON, COLLEEN
2109 SW 10TH AVE
FORT LAUDERDALE FL 33315

Name Colleen M Garcia
Street Address (P.O. Box Number is Not Acceptable)
2406 Marathon Lane
Fort Lauderdale FL
City FL Zip Code 33312

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 *Colleen M Garcia* DATE Jan 10th 2001

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 ST ☐ Delete
NAME CLEETON, COLLEEN
STREET ADDRESS 2406 MARATHON LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☒ Change ☐ Addition
NAME Colleen Garcia
STREET ADDRESS 2406 MARATHON LANE
CITY-ST-ZIP Fort Lauderdale FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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: *Colleen M Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001 954 583-3636
Date Daytime Phone #

CR2E034 (10/00)