


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90181 025 \*\*\*150.00

**DOCUMENT # P96000043081**

1. Entity Name  
**MIAMI SHORES FLOWER & GIFT SHOP, INC.**



Principal Place of Business  
**10700 N.E. 6TH AVENUE  
MIAMI SHORES FL 33161**

Mailing Address  
**PP.O. BOX 22341  
HIALEAH FL 33002**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 22341**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State

4. FEI Number **65-0676307**

Applied For  
 Not Applicable

Zip **33002-2341** Country

Zip Country

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

6. Name and Address of Current Registered Agent  
**PAPPAS, MARK  
10700 NE 6TH AVE  
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **Alexia Nichols**

Street Address (P.O. Box Number is Not Acceptable)  
**10700 NE 6 Avenue**

City **Miami** State **FL** Zip Code **33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Alexia Nichols** *Alexia Nichols* DATE **1/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>PVTS</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PAPPAS, MARK</b>	
STREET ADDRESS <b>10700 NE 6TH AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33161</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Alexia Nichols</b>	
STREET ADDRESS <b>10700 NE 6 Avenue</b>	
CITY-ST-ZIP <b>MIAMI, FL 33161</b>	
TITLE <b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Kevin Thomas</b>	
STREET ADDRESS <b>10700 NE 6 Avenue</b>	
CITY-ST-ZIP <b>MIAMI FL 33161</b>	
TITLE <b>Treas &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KAY THOMAS</b>	
STREET ADDRESS <b>10700 NE 6 Avenue</b>	
CITY-ST-ZIP <b>MIAMI, FL 33161</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Kay Thomas* **REQUIRE KAY THOMAS** DATE **1/15/03** DAYTIME PHONE # **(305) 754-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)