

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047692

1. Entity Name

FLOWERS BY MON CHERIE INC

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90030 013 \*\*\*150.00

Principal Place of Business

Mailing Address

548 NW 57 AVE  
MIAMI FL 33126

548 NW 57 AVE  
MIAMI FL 33126-4813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0675967

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, JULIO C  
4033 NW 11 STREET #26  
MIAMI FL 33126

Name  
Pablo B. Munoz

Street Address (P.O. Box Number is Not Acceptable)  
1212 N.W. 33 Ave.

Miami Florida 33126

City  
Miami

FL

Zip Code  
33126

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

03-06-00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
RODRIGUEZ, JULIO C  
4033 NE 11 ST #26  
MIAMI FL 33126 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Pablo B. Munoz  
1212 N.W. 33 Ave  
Miami Floirda 33126 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RODRIGUEZ, JULIO C  
4033 NE 11 ST #26  
MIAMI FL 33126 ☒ Delete

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

TITLE  
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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:

**SIGNATURE REQUIRED**

03-06-00

Date

Daytime Phone #

CR2E034 (9/99)