

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90193 019 \*\*\*150.00

DOCUMENT # P96000052982

1. Entity Name

CLAUDIA'S GIFTS FLOWERS INC.

Principal Place of Business

13790 SW 8TH ST  
MIAMI FL 33184  
US

Mailing Address

13790 SW 8TH ST  
MIAMI FL 33184  
US

2. Principal Place of Business

550 S.W. 115 Ave

3. Mailing Address

P.M.B. 13880 S.W. 58 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-10

City & State

Miami, FL

City & State

Miami, Florida

Zip

33174

Country

U.S.A.

Zip

33184

Country

U.S.A.

4. FEI Number

65-0680143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, MARIA A  
13790 SW 8TH ST  
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

MARIA A. Gomez

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

550 S.W. 115 Ave #C-10

City

Miami

FL

Zip Code

33174

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

*Maria A. Gomez*  
Signature, typed or printed name of registered agent and title if applicable.

*Maria A. Gomez*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	GOMEZ, MARIA A	
STREET ADDRESS	550 SW 115 AVE- #C-10	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOJORGE, NORMA	
STREET ADDRESS	550 SW 115 AVE- #C-10	
CITY-ST-ZIP	MIAMI FL 33174	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACIO Gomez	
STREET ADDRESS	550 S.W. 115 Ave #C-10	
CITY-ST-ZIP	Miami, FL 33174	
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		
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		

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:

*Maria A. Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARIA A. Gomez*

1/11/01

(305) 228-7002  
Daytime Phone #

CR2E034 (10/00)