

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90041 003 \*\*\*150.00

**DOCUMENT # P97000010501**

1. Entity Name

**ALL FLOWERS OF THE WORLD, CORP.**

Principal Place of Business

7359 NW 36 ST  
 SUITE 120-A  
 MIAMI FL 33166  
 US

Mailing Address

7359 NW 36 ST  
 SUITE 120-A  
 MIAMI FL 33166-6704  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0732460**

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

**INACIO, JOSE M**  
**7359 NW 36 ST**  
**SUITE 120-A**  
**MIAMI FL 33166**

Name

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

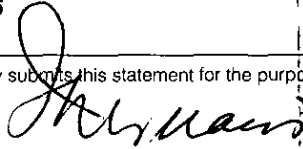
City

**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

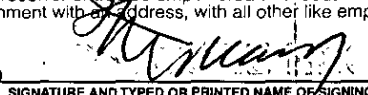
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INACIO, JOSE M</b>		NAME
STREET ADDRESS	<b>7359 NW 36 ST</b>		STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33166</b>		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
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NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)