

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90013 011 ***150.00

DOCUMENT # P97000010501

1. Entity Name
ALL FLOWERS OF THE WORLD, CORP.

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| 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 US |
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|--|--|
| 2. Principal Place of Business 7359 NW 36 STREET | 3. Mailing Address 7359 NW 36 STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--------------------------------------|--|--|
| City & State MIAMI FLORIDA | City & State MIAMI FLORIDA | 4. FEI Number 65-0732460 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33166 | Country USA | Zip 33166 | Country USA |
| 6. Name and Address of Current Registered Agent INACIO, JOSE M 7359 NW 36 ST SUITE 120-A MIAMI FL 33166 | | 7. Name and Address of New Registered Agent Name JOSE M. INACIO Street Address (P.O. Box Number is Not Acceptable) 7359 NW 36 STREET City MIAMI FL Zip Code 33166 | |

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

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]* 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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 | PSTD INACIO, JOSE M 7359 NW 36 ST MIAMI FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **SIGNATURE REQUIRED (JOSE M. INACIO) 2/4/02 (305) 463-0106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)