2003 FOR PROFIT CORPORATION

changed, or on an attachment with

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR Mar 10, 2003 8:00 am Secretary of State P97000027046 DOCUMENT # 1. Entity Name 03-10-2003 90098 004 ***150.00 GRIFFIN FLOWERS, INC. Principal Place of Business Mailing Address 8475 NW 66TH ST 8475 NW 66TH ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0742889 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIN, BRENT D Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE. **SUITE 1901** MIAMI FL 33131 City 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. ! am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florid Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAMÉ ESTEBAN, PAREJA NAME STREET ADDRESS 8475 NW 66TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not gralify to indicated on this report or supplemental eport is true and accurrent, and that of the corporation or the receiver or trustee empowers to execute this apport The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED