2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OB FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000031513 Jul 19, 2000 8:00 am 1. Entity Name WESTON FLORIST, INC. **Secretary of State** 07-19-2000 90154 037 ***150.00 Principal Place of Business Mailing Address % FLORA PROMOTIONS INC % FLORA PROMOTIONS INC. 405 SOUTH STATE ROAD 7 405 SOUTH STATE ROAD 7 PLANTATION FL 33317 **PLANTATION FL 33317** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0741933 Not Applicable Zip Country 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 KERBEL, PAUL 7401 SE 10ST PLANTATION FL 33317 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Change ☐ Addition TITLE TITLE ☐ Delete KERBEL, PAUL NAME NAME STREET ADDRESS 7401 SW 10 ST STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE' .Change... 🗻 🔲 Addition. Delete 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplied ental report in the 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 trustoe 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 without address, with all other like or high ered.

HHUUMMENT P91000031513 DW72220

FLORAL PROMOTIONS, INC.

405 SOUTH STATE ROAD 7 PLANTATION, FL 33317 (954)584-8006 1(800) 424-8106 Fax (954) 584-8495

P97000031513 WESTON FLORIST, INC.

DEAR SIR OR MADAME.

PLEASE ACCEPT MY TARDINESS IN SENDING THIS REPORT. I DID NOT RECEIVE THE FIRST REPORT APPLICATION. I WOULD HAVE SENT IT OFF RIGHT AWAY WITH THE \$150.00 CHECK. I WOULD GREATLY APPRECIATE IT IF WE WOULD BE CREDITED FOR THE LATE FEE, AS THIS WOULD BE A TERRIBLE BURDEN TO A SMALL COMPANY SUCH AS OURS. THANK YOU VERY MUCH FOR YOUR HELP.

SÍNCERELY.

PAUL KERBEL, PRESIDENT