

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037862

1. Entity Name  
INTERSTATE FLORAL CO.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90070 029 \*\*\*163.75

Principal Place of Business  
6380 W. 24TH CT., APT 104  
HIALEAH FL 33122  
US

Mailing Address  
P.O. BOX 52-0095  
MIAMI FL 33152-0095

2. Principal Place of Business  
6380 W 24th #1-104

3. Mailing Address  
PO Box 52-0095

Suite, Apt. #, etc.  
HIALEAH  
City & State  
FL

Suite, Apt. #, etc.  
MIAMI  
City & State  
FL

Zip  
33016  
Country  
Dade

Zip  
33152  
Country  
DADE

4. FEI Number 65-0754100

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PEREZ-RODRIGUEZ, OLGA  
6380 W. 24TH CT., APT 104  
HIALEAH FL 33122

## 7. Name and Address of New Registered Agent

Name  
r/d.  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-RODRIGUEZ, OLGA P.O. BOX 52-0095 MIAMI FL 33152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, JULIETA P.O. BOX 52-0095 MIAMI FL 33152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (10/00)