

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90019 049 \*\*\*150.00

DOCUMENT # P97000057260

1. Entity Name

CUSTOM FLOWERS CORPORATION

Principal Place of Business

1600 MERCER AVE #5  
WEST PALM BEACH FL 33401

Mailing Address

1600 MERCER AVE #5  
WEST PALM BEACH FL 33409-7825

UUUUUUJC

2. Principal Place of Business

3161 Via del Lagos  
Suite, Apt. #, etc.

3. Mailing Address

3161 Via del Lagos  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W. Palm Bch FL  
33409 USA

City & State

W. Palm Bch FL  
33409 USA

4. FEI Number 65-0761453

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINBERG, VERA J  
1600 MERCER AVE #5  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name STEINBERG, VERA J  
Street Address (P.O. Box Number is Not Acceptable)  
3161 Via del Lagos  
City W. Palm Bch FL 33409

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

*Vera J Steinberg*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-00

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

TITLE P  
NAME STEINBERG, VERA J  
STREET ADDRESS 1600 MERCER AVE #5  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE X  
NAME STEINBERG, VERA J  
STREET ADDRESS 3161 Via del Lagos  
CITY-ST-ZIP W. Palm Bch, FL 33409

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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:

*Vera J Steinberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-15-00 561 683-2554