

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064983

1. Entity Name

JJN&J FLOWERS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90096 010 ***150.00

Principal Place of Business

Mailing Address

5900 S.W. 14 STREET
PLANTATION FL 33317

5900 S.W. 14 STREET
PLANTATION FL 33317-4604

2. Principal Place of Business

3. Mailing Address

3927 W Davie Blvd.

5900 SW. 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Lauderdale FLA

City & State
FLA

4. FEI Number 65-0779746

Applied For

Not Applicable

Zip
33312

Country

Zip
33317

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUST, CARIDAD I
5900 S.W. 14 STREET
PLANTATION FL 33317

Name

Street Address (P.O. Box Numbers 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAUST, CARIDAD I
5900 S.W. 14 STREET
PLANTATION FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

3-15-00

Date

954-584 4609

Daytime Phone #

CR2E034 (9/99)