

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066615

1. Entity Name

FLORAL EXPRESSIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

7531 SOUTHWEST 28TH STREET
DAVIE FL 33314

Mailing Address

7531 SOUTHWEST 28TH STREET
DAVIE FL 33314-1009

2. Principal Place of Business

1951 University Drive

Suite, Apt. #, etc.

3. Mailing Address

1951 University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

Zip

33071

Country

USA

Zip

33071

Country

USA

6. Name and Address of Current Registered Agent

MARCIA LIEBERMAN
7531 SOUTHWEST 28TH STREET
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

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, 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	CEO	<input type="checkbox"/> Delete
NAME	GARBOWITZ, ABRAHAM	
STREET ADDRESS	7531 SOUTHWEST 28TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEAVER, REGINA A	
STREET ADDRESS	7531 SOUTHWEST 28TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIEBERMAN, BRETT M	
STREET ADDRESS	7531 SOUTHWEST 28TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LIEBERMAN, MARCIA	
STREET ADDRESS	7531 SOUTHWEST 28TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Marcia Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

(954) 752-8510

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90011 047 ***150.00

00041001



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)