

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90009 019 ***150.00

DOCUMENT # P97000069408

1. Entity Name
FLOWERS AND BEYOND, INC.

Principal Place of Business

~~5375B HIATUS RD~~
SUNRISE FL 33351

Mailing Address

~~5375B HIATUS RD~~
SUNRISE FL 33351

2. Principal Place of Business

10072 N.W. 53rd St.

3. Mailing Address

10072 N.W. 53rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0779011

Applied For

Not Applicable

Zip

Country

33351

USA

Zip

Country

33351

USA

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

MOSKOWITZ, LAURIE

~~5375B HIATUS RD~~

~~SUNRISE FL 33351~~

Name

Street Address (P.O. Box Number is Not Applicable)

10801 N.W. 40th St.

City

Sunrise

FL

Zip Code

33351

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, 2002 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 **D** ☐ Delete
 NAME **MOSKOWITZ, LAURIE**
 STREET ADDRESS ~~8341 NW 53RD CT~~
 CITY-ST-ZIP ~~LAUDERHILL FL 33351~~

TITLE ☒ Change ☐ Addition
 NAME **10801 N.W. 40th St**
 STREET ADDRESS **Sunrise, FL 33351**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

954-746-7461

Daytime Phone #

CR2E034 (9/01)