

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000075140**1. Entity Name
THE FARM'S FLOWERS EXPRESS, INC.

Principal Place of Business 1720 NW 96TH AVE. MIAMI 33172	FL	Mailing Address AGIM REGISTERED AGENTS, INC 1200 BRICKELL AVE, STE 900 MIAMI 33131	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O AGI REGISTERED AGENTS, INC. Suite, Apt. #, etc. 1200 BRICKELL AVE, STE 900
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City & State MIAMI FL	City & State MIAMI FL
Zip 33172	Country
Zip 33131	Country

4. FEI Number 65-0785045	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ADAMS, GALLINAR & IGLESIAS, P.A. AGIM REGISTERED AGENTS, INC 1200 BRICKELL AVE, STE 900 MIAMI 33131 US	7. Name and Address of New Registered Agent Name AGI REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE SUITE 900 City MIAMI FL Zip Code 33131
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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 **ROBERT R. ADAMS, PRESIDENT****04/30/2001**

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 State10. 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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNAFORD	PETER		NAME			
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL	33131	CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORRERO	MARIA	F	NAME			
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL	33131	CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADRINAN	JUAN	C	NAME			
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL	33131	CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARELA	HILDA	C	NAME			
STREET ADDRESS	1720 NW 96TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL	33172	CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARELA	ERNESTO	S	NAME			
STREET ADDRESS	1720 NW 96TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL	33172	CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **ERNESTO S. VARELA**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)