

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086547

1. Entity Name

FLOWER FARM DIRECT, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90026 033 ***150.00

Principal Place of Business

1650 S DIXIE HWY
4TH FLOOR
BOCA RATON FL 33432
US

Mailing Address

1650 S DIXIE HWY
4TH FLOOR
BOCA RATON FL 33432-7462
US

2. Principal Place of Business

1650 South Dixie Highway
Suite, Apt. #, etc.
Suite 400
City & State

Boca Raton, Florida
Zip Country
33432

3. Mailing Address

1650 South Dixie Highway
Suite, Apt. #, etc.
Suite 400
City & State

Boca Raton, Florida
Zip Country
33432



DO NOT WRITE IN THIS SPACE

4. FEI Number

~~65-0802602~~
65-0802620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DR
STE 0-305
MIAMI FL 33131

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	WYNPERLE, ABE	1650 S DIXIE HWY, 4TH FLOOR	BOCA RATON FL 33432	<input type="checkbox"/>
VP	MOED, YUVAL	1650 S DIXIE HWY, 4TH FLOOR	BOCA RATON FL 33432	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

A. WYNPERLE, PRESIDENT 4/28/00 (561) 417-0776
Date Daytime Phone #

CR2E034 (9/99)