2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000093016**

1. Entity Name

FLOWERS & LINENS EMPORIUM, INC.

Principal Place of Business Mailing Address 671 NIGHTINGALE AVE 671 NIGHTINGALE AVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166-3944

Apr 10, 2000 8:00 am Secretary of State 04-10-2000 90166 041 ***150.00

2. Principal Packs of Business Suite, April #, etc. Suite, April #, etc. City & State Coy & State Country Solo Co						# 10011381 128 #831 28811 8811 8811 8	MEN BOND INCER NING BOXEN	11 0 (0. 0 1111 1 00 1
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6. Name and Address of Current Registered Agent OURANTES, MRTA COFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGLS TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGLS TO OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. The above remed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature to led of primes many of registered agent and star a repostucion with the state of Florida. Signature to led of primes many of registered agent and star a repostucion of the purpose of changing its registered agent, or both, in the State of Florida. Signature to led of primes many of registered agent and star a repostucion of the purpose of changing its registered agent, or both, in the State of Florida. Signature to led of primes many of registered agent and star a repostucion of the purpose of registered agent, or both, in the State of Florida. Signature to led of primes many of registered agent and star a repostucion of the purpose of registered agent, or both, in the State of Florida. Signature to led of primes many of registered agent, or both, in the State of Florida. Signature to led of the internal agent and star a repostucion of the purpose of registered agent, or both, in the State of Florida. Signature to led of the state of Florida. Signature to led of the internal agent and star a repostucion of the purpose of registered agent, or both, in the State of Florida. Signature to led of the state of Florida. Sig	City & State		City & State	City & State		El Number 65-0792107	⊢	
OURANTES, MIRTA L 671 NICHTINGALE AVE MIAMI SPRINGS FL 33166 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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPPICERS AND DIRECTORS After MAY 1, 2000 Fee will be \$55,000 May Be Added to Fees (See orientation or book). Tax thing requirement and elects to do so. OPPICERS AND DIRECTORS 11. OPPICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OPPICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OURANTES, MIRTA STRET ADDRSS OTTY-ST-2P MIAMI SPRINGS FL 33166 OURANTES, MIRTA 671 NICHTINGALE AVE MAMI SPRINGS FL 33166 OURANTES, MIRTA 671 NICHTINGALE AVE MAMI SPRINGS FL 33166 OURS ARE ADDRSS OUR SPRINGS OUR SPRINGS SL 33166 OUR SPRINGS SL 33166 OUR SPRINGS OUR	Zip	Country	Zip	Country	5. (Certificate of Status Desired		
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ACTION CHAINING ALE AVE MIAMI SPRINGS FL 33166 City FL Zip Code				Name	Name			
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 Symature, loped or private named entity submits this statement for the purpose of changing its registered agent upgrave required when numbers of state of Florida. 9. This corporation is eligible to satisfy its Intangulo Tax filling requirement and elects to do so. Marker MAY 1,2000 Fee will be \$550.00 Marker MAY 1,2	671 NIGHTINGALE AVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
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is limit does not dualify for the exemption stated in section 1130,000, and statutes. In the complete the information we also accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is of the corporation or the receiver or trustee emporenaged, or on an attachment with an address.

SIGNATURE:

Daytime Phone #