

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000014375****1. Entity Name**
BEST FLOWERS, INC.**Principal Place of Business**
9300 S. DADELAND BLVD., STE. 406
MIAMI FL 33156**Mailing Address**
9300 S. DADELAND BLVD., STE. 406
MIAMI FL 33156**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0817826

Applied For

Not Applicable

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****KAPLAN, LINDA M**
9300 S. DADELAND BLVD., STE. 406
MIAMI FL 33156

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **URIBE, HUMBERTO J**
STREET ADDRESS **CALLE 51 #45-93, CONSULTORIO 821**
CITY-ST-ZIP **MEDELLIN, COLOMBIA****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **DP** ☐ Delete
NAME **URIBE, HUMBERTO A**
STREET ADDRESS **CALLE 51 #45-93, CONSULTORIO 821**
CITY-ST-ZIP **MEDELLIN, COLOMBIA****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **URIBE, LINAMARIA**
STREET ADDRESS **CALLE 51 NO45-93 CONSULTORIO 821**
CITY-ST-ZIP **MEDELLIN COLOMBIA****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20

Date

574-5532484

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)