

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021453

1. Entity Name

FLORISTERIA JOHNS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90092 039 ***150.00

Principal Place of Business

NW 66TH DR.
CREEK FL 33073

Mailing Address

4222 NW 66TH DR.
COCONUT CREEK FL 32092-1440

2. Principal Place of Business

1810 Sabel dr
Suite, Apt. #, etc.

3. Mailing Address

1810 Sabel dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

deerfield bch, fl
Zip 33442 Country USA

City & State

deerfield bch fl
Zip 33442 Country USA

4. FEI Number 65-0823716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRNUN, MORRIS A
4222 NW 66TH DR.
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name: murphy, dora
Street Address (P.O. Box Number is Not Acceptable): 1810 Sabel dr
City: deerfield bch FL Zip Code: 33442

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

Dora Murphy

2-11-00

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	D	<input type="checkbox"/> Delete
NAME	MURPHY, DORA	
STREET ADDRESS	4222 NW 66TH DR.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSVPT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, DORA	
STREET ADDRESS	1810 Sabel dr	
CITY-ST-ZIP	deerfield bch, fl 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dora Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-00

Daytime Phone #

CR2E034 (9/99)