## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 29, 2001 8:00 am DOCUMENT # **P98000035983 Secretary of State** THE FLOWER BAZAAR CORPORATION 03-29-2001 90376 040 \*\*\*150.00 Principal Place of Business Mailing Address 430 JEFFERSON 430 JEFFERSON MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 937901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0832527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEGHER, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1408 BRICKELL BAY DRIVE Is and Avenue APARTMENT #402 **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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change TITLE Addition TITLE Delete BJORKMAN, MARC NAME NAME STREET ADDRESS 1408 BAY DRIVE, APT. #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITLE TITLE Delete Begher, Edvards 20 Island Avenue, Apt #514: BEGHER, EDUARDO NAME NAME STREET ADDRESS STREET ADDRESS 1408 BAY DRIVE, APT. #402 CITY-ST-ZIP CITY-ST-ZIP Minmi Beach, Fl 331393 **MIAMI FL 33131** Delete TITLE Addition TITLE **GUZMAN, ALFREDO** NAME NAME STREET ADDRESS **51 NW 36TH ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIT! F Delete TITLE 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.