

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052565

1. Entity Name

PERFECT PETALS INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90431 025 ***150.00

Principal Place of Business

Mailing Address

2734 NW 72ND AVE
 MIAMI FL 33122

2734 NW 72ND AVE
 MIAMI FL 33122-1308

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

65-0842733

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

HILL, MARCELA
 4480 N.W. 73 AVE.
 MIAMI FL 33166

Name Hill, Marcela
 Street Address (P.O. Box Number is Not Acceptable)
541 DEER RUN

City 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]

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME AYALA, FRANCISCO V
 STREET ADDRESS 6162 WELLINGTON COMMONS DRIVE
 CITY-ST-ZIP ALEXANDRIA VA 22310

TITLE PD ☒ Change ☐ Addition
 NAME GONZALO VELA
 STREET ADDRESS 2734 NW 72ND AV
 CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete
 NAME HILL, MARCELA
 STREET ADDRESS 4480 N.W. 73 AVE.
 CITY-ST-ZIP MIAMI FL 33166

TITLE SECRETARY ☒ Change ☐ Addition
 NAME Hill, Marcela
 STREET ADDRESS 541 DEER RUN
 CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE D ☐ Delete
 NAME GASS, STEVEN G
 STREET ADDRESS 6301 COLLINS AVE #2004
 CITY-ST-ZIP MIAMI BEACH FL

TITLE DIRECTOR ☒ Change ☐ Addition
 NAME GAS, STEVEN G.
 STREET ADDRESS 541 DEER RUN
 CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE D ☐ Delete
 NAME DOYLE, RICHARD S
 STREET ADDRESS 259 BUTTONWOOD DR
 CITY-ST-ZIP KEY BISCAYNE FL

TITLE DIRECTOR ☒ Change ☐ Addition
 NAME DOYLE, RICHARD
 STREET ADDRESS 200 OCEAN LANE DRIVE
 CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
 NAME AYALA, FRANCISCO
 STREET ADDRESS 6301 COLLINS AVE #2004
 CITY-ST-ZIP MIAMI BCH, FL 33154

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
 NAME PACHECO, RAFAEL
 STREET ADDRESS 2734 NW 72ND AVE, MIA
 CITY-ST-ZIP FL 33182

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

Date

Daytime Phone #

CR2E034 (9/99)