

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90021 010 \*\*\*150.00

DOCUMENT # P98000052565

1. Entity Name

PERFECT PETALS INC.

Principal Place of Business

2734 NW 72ND AVE  
MIAMI FL 33122

Mailing Address

2734 NW 72ND AVE  
MIAMI FL 33122

2. Principal Place of Business

2926 NW 72nd AV

3. Mailing Address

2926 NW 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0842733

Applied For

Not Applicable

Zip

33122

Country

US

Zip

33122

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Hill, Marcela

Street Address (P.O. Box Number's Not Acceptable)

2926 NW 72nd AVENUE

City

Miami

FL

Zip Code

33122

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AYALA, FRANCISCO V	
STREET ADDRESS	6162 WELLINGTON COMMONS DRIVE	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, MARCELA	
STREET ADDRESS	4480 N.W. 73 AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASS, STEVEN G	
STREET ADDRESS	6301 COLLINS AVE #2004	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, RICHARD S	
STREET ADDRESS	259 BUTTONWOOD DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalo Vela	
STREET ADDRESS	2111 SW 23rd AVE	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFAEL PACHECO	
STREET ADDRESS	5231 NW GENEVA WAY #204	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELA HILL	
STREET ADDRESS	2926 NW 72nd Ave	
CITY-ST-ZIP	Miami, FL 33122	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-01

Date

(305) 477-2212

Daytime Phone #

CR2E034 (10/00)