

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063069

1. Entity Name

GARDEN FLOWERS BY LUISA, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 041 ***150.00

Principal Place of Business

Mailing Address

1941 CANTERBURY CIRCLE
WELLINGTON FL 33414

1941 CANTERBURY CIRCLE
WELLINGTON FL 33414-6240

2. Principal Place of Business

West Palm Beach, FL

3. Mailing Address

13305 Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

4. FEI Number

65-0849020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONSALVE, LUISA
1941 CANTERBURY CIRCLE
WELLINGTON FL 33414

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONSALVE, LUISA
1941 CANTERBURY CIRCLE
WELLINGTON FL 33414

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Change Addition

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CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 #

(561) 967-0044

CR2E034 (9/99)