

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063877

1. Entity Name

ROMANCE FLOWERS, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90294 045 ***150.00

Principal Place of Business

Mailing Address

175 SOUTHEAST MIZNER BOULEVARD
SUTIE 19
BOCA RATON FL 33432

175 SOUTHEAST MIZNER BOULEVARD
SUTIE 19
BOCA RATON FL 33065-7733

2. Principal Place of Business

3. Mailing Address

11180 N.W 40th Street

11180 N.W 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral

City & State

Coral Springs Florida

City & State

Coral Springs Florida

Zip

33065

Country

Zip

33065

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0851527

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	GHARAKHANIAN, DIANA J	175 SOUTHEAST MIZNER BOULEVARD	BOCA RATON FL 33432	
	GHARAKHANIAN, Diana J	11180 N.W 40th Street	Coral Springs FLA. 33065	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GHARAKHANIAN

Date

4/27/00

Daytime Phone #

8611131

CR2E034 (9/99)