

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90466 044 ***150.00

0264030 AV

DOCUMENT # P98000104777

1. Entity Name
EXOTROPICALS FLOWERS, INC.

Principal Place of Business

Mailing Address

**7286 NW 66ST
 MIAMI FL 33166
 US**

**7286 NW 66ST
 MIAMI FL 33166
 US**



2. Principal Place of Business

3. Mailing Address

8211 N.W. 64 ST.

8211 N.W. 64 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 4

BAY 4

City & State

City & State

MIAMI FL.

MIAMI FL.

Zip

Country

Zip

Country

33166

USA

33166

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0881832**

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

**NELLY, VALENCIA MA
 7286 NW 66ST
 MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

5959 N.W. 37 ST. APT. 236

City

MIAMI

FL

Zip Code

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

Maria Nelly Valencia **MARIA NELLY VALENCIA**

1/11/01

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, 2002 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 **DPS** ☐ Delete
 NAME **NELLY, VALENCIA MA**
 STREET ADDRESS **7286 NW 66ST**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DPS** ☒ Change ☐ Addition
 NAME **VALENCIA, MARIA NELLY**
 STREET ADDRESS **5959 N.W. 37 ST. APT. 236**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **DVPT** ☐ Delete
 NAME **BETANCOURT, RODRIGO**
 STREET ADDRESS **7286 NW 66ST**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DVPT** ☒ Change ☐ Addition
 NAME **BETANCOURT, RODRIGO**
 STREET ADDRESS **5959 N.W. 37 ST. APT. 236**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Maria Nelly Valencia **MARIA NELLY VALENCIA**

1/11/02

(305) 470-9488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)