## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # - P99000015987



FILED
May 01, 2003 8:00 am 
Secretary of State

1. Entity Name SABORIDO FLOWERS & GIFT, INC.							05-01-2003 90192 0	12 ***150	0.00	
Principal Place of Business  8253 SW 40TH STREET  MIAMI FL 33155  Miami FL 33155  Miami FL 33155										
2. Principal F	Place of Business	3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			<b>4.</b> F	El Number 65-0895286	1 <del></del>	Applied For Not Applicable	}
Zip	Country	Zip		Coun	try	5. (	Certificate of Status Desired	\$8.75 Ad	dditional	1
<u> </u>	6. Name and Address of Curre	nt Registere	ed Agent		<u> </u>	7. N	lame and Address of New Registered			┨
	<del></del>				Name				···	1
YEE, BARBARA 8253 SW 40TH STREET					Street Add	ddress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33155										ĺ
110 day 1 2 00 100				City FL Zip Coo				de		
	e named entity submits this statementions of registered agent.	t for the purp	ose of changing its re	egistere	ed office or re	egistered age	ent, or both, in the State of Florida. † am	familiar with	, and accept	1
SIGNATURE .										•
	Signature, typed or printed name of registered ag	ent and title if app	licable. (NOTE: F	Registered	d Agent signature	required when rei	nstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing	\$5.	00 мау Ве	
Make Charl			1			,	Trust Fund Contribution.		d to Fees	
<u>, , , , , , , , , , , , , , , , , , , </u>	k Payable to Florida Department	of State	,					Adde	ed to Fees	
10.	k Payable to Florida Department OFFICERS AI	of State		11.	· · · · · · · · · · · · · · · · · · ·	ADI	Trust Fund Contribution.	Adde	ed to Fees	) [
<u>, , , , , , , , , , , , , , , , , , , </u>	k Payable to Florida Department	of State	RS Delete	11. TITLE	1	AD		Adde	ed to Fees	10/00)
10. TITLE NAME STREET ADDRESS	OFFICERS AT D YEE, BARBARA 3141 SW 140 AVENUE	of State		TITLE	1	ADI		Adde	ed to Fees	(40/00)
TITLE NAME	OFFICERS AID D YEE, BARBARA 3141 SW 140 AVENUE MIAMI FL 33175	of State		TITLE NAME STREE	E	ADI		Adde	ed to Fees	00000 (40/00)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID  D YEE, BARBARA 3141 SW 140 AVENUE MIAMI FL 33175 D YEE, JAIME	of State	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP	ADI		D DIRECTOR Change	ed to Fees RS IN 11 Addition	CD2E034 (40/02)
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12. 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 suppresental 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #