

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024010

1. Entity Name

MINERVA FLOWERS CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90135 030 ***150.00

Principal Place of Business

1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

Mailing Address

1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

2. Principal Place of Business

2950 NW 72 Ave

3. Mailing Address

2950 NW 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

4. FEI Number

65-0903482

Applied For

Not Applicable

Zip

33122

Country

U.S.A

Zip

33122

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO B P.A.
 1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

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 re-statuting)

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	D	<input type="checkbox"/> Delete
NAME	GUDENUS, HOLGER	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLGER GUDENUS, PHILIPP	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUDENUS, ANNETTE	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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
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STREET ADDRESS	
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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:

Holger Gudenus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 305-463-7998

Date

Daytime Phone #

CR2E034 (10/00)