

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 11, 2000 8:00 am  
Secretary of State

05-24-2000 90058 004 \*\*\*150.00

DOCUMENT # P99000035753

1. Entity Name

FANTASY BOUQUET, INC.

Principal Place of Business

8800 NW 24TH TERR  
MIAMI FL 33172

Mailing Address

8800 NW 24TH TERR  
MIAMI FL 33172-2418

2. Principal Place of Business

2761 N.W. 82nd AVE

3. Mailing Address

2761 N.W. 82nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip 33122 Country USA

Zip 33122 Country USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOUTH FLORIDA-RESIDENT AGENTS, INC.  
200 SOUTH BISCAYNE BLVD  
4750 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name MIAMI CORPORATE SYSTEMS, INC  
Street Address (P.O. Box Number is Not Acceptable)  
5-200 BLUE LAGOON DRIVE  
Suite 700  
City MIAMI FL Zip Code 33126

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 D  
NAME SUTTON, ELLIOT  
STREET ADDRESS 20281 E COUNTRY CLUB DR, APT 1414  
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE D  
NAME SUTTON, ELLIOT  
STREET ADDRESS 1445 BREAKWATER TERRACE  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☒ Change ☐ Addition

TITLE PSTD  
NAME PERLMAN, STEVEN  
STREET ADDRESS 8800 NW 24TH TERR  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE PSTD  
NAME PERLMAN, STEVEN  
STREET ADDRESS 1445 BREAKWATER TERRACE  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ 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

(305) 592-1413

CR2E034 (9/99)