

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000036085**1. Entity Name
FLOWER POINT U.S.A., INC.**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90206 029 ***150.00

Principal Place of Business

**5981 SW 17 STREET
MIAMI FL 33155**

Mailing Address

**5981 SW 17 STREET
MIAMI FL 33155**

2. Principal Place of Business

2202 NW 82 AVE

3. Mailing Address

2202 NW 82 AVE

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

4. FEI Number **65-0914830**

Applied For

Not Applicable

Zip

33122

Country

DADE

Zip

33122

Country

DADE5. 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

**ARROCHA, ARMANDO
5981 SW 17 STREET
MIAMI FL 33155**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARROCHA, ARMANDO**
STREET ADDRESS **5981 SW 17 STREET**
CITY-ST-ZIP **MIAMI FL 33155**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VSD** ☐ Delete
NAME **VALENCIA, CRISTINA**
STREET ADDRESS **16374 SW 103 STREET**
CITY-ST-ZIP **MIAMI FL 33196**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Vice-President**TITLE **SECRETARY** ☐ Delete
NAME **SANTIAGO VALENCIA**
STREET ADDRESS **16313 S.W 103 Terrace**
CITY-ST-ZIP **MIAMI FL 33196**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SECRETARY**TITLE **TREASURE** ☐ Delete
NAME **SEAN DIBLIN**
STREET ADDRESS **12826 S.W 67 terrace**
CITY-ST-ZIP **MIAMI -FL 33183**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TREASURE**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 of 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

CRISTINA VALENCIA**03/12/01**

Date

(305) 592-2554

Daytime Phone #

CR2E034 (10/00)