2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

090800 DOCUMENT # P9900036977 SEURLIARY OF STATE DIVISION OF CORPORATION AMAZING CREATIONS FLORIST, INC. 00 OCT 10 AM 10: 17 Principal Place of Business Mailing Address 51 S.W. 5TH AVE. 51 S.W. 5TH AVE. **DELRAY BEACH FL 33444 DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7._Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent == 🇻GRANT, VANESSA 🛎 Street Address (P.O. Box Number is Not Acceptable) 271 NE 13TH ST **DELRAY BEACH FL 33444** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00:May.Be_ Election Campaign Financing After SEPTEMBER 43, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. HesidonT Addition Change President TITLE ☐ Delete TITLE Vanus5A NAME vanessa Grar 371 NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 000003429910-0 -10/19/00--01075--002 TITLE NAME NAME STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

L.A.F. HOME IMPORTS II INC. 103 S US HIGHWAY 1 STE C7 JUPITER, FL 33477-5101

FLORIDA DEPT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE, FL 32399-0135 OCT 6, 2000

RE: 65-0932278

TO WHOM IT MAY CONCERN:

I'm writing this letter to let you know that I am enclosing a check for \$150.00 for my 2000 Annual Corporation Fee: I-realize that I am sending my check in late but my grandmother was in the Delray Hospital during April & May and the passes away. I grew up with my grandmother and I took it very hard when she was sick. I'm asking if you could please forgive the penalty and late fee for my return due to my personal situation. I thank you in advance for your help in this matter.

Sincerely,

Vanessa Grant