

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90084 037 ***150.00

DOCUMENT # P99000043793 ✓
1. Entity Name
LOVE GARDEN FLOWERS & GIFTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2055 SW 8 St
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip
33135 Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0827886 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
ALBERT CORRALES
Street Address (P.O. Box Number is Not Acceptable)
2055 SW 8 St
MIAMI
City
FL Zip Code
33135

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES</u> <u>ALBERT CORRALES</u> <u>2055 SW 8 St</u> <u>MIAMI FL 33135</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>ALBERT CORRALES</u> <u>2055 SW 8 St</u> <u>MIAMI FL 33135</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEC. TREAS.</u> <u>ALBERT CORRALES</u> <u>2055 SW 8 St</u> <u>MIAMI FL 33135</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

SIGNATURE: ALBERT CORRALES PRES. 4/28/2002 305-682-6799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)