

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90616 033 ***150.00

DOCUMENT # P99000047556

1. Entity Name

MOBILE FLORIST, INC.

Principal Place of Business

**524 SO. ANDREWS AVE.,STE.303N
 FT.LAUDERDALE FL 33301**

Mailing Address

**524 SO. ANDREWS AVE.,STE.303N
 FT.LAUDERDALE FL 33301**

C0020968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 SE 9 ST
 Suite, Apt. #, etc.

3. Mailing Address

400 SE 9 ST
 Suite, Apt. #, etc.

City & State

FT LADE

City & State

FT LADE

4. FEI Number

65-0923870

Applied For

Not Applicable

Zip

33316

Country

Zip

33316

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GILMAN, ALLISON
 524 SO. ANDREWS AVE.,STE.303N
 FT.LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Alan Alberani**
 Street Address (P.O. Box Number is Not Acceptable) **400 SE 9 ST**
 City **FT LADE** **FL** Zip Code **33316**

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

TITLE ☒ Delete
 NAME **D GILMAN, ALLISON**
 STREET ADDRESS **524 SO. ANDREWS AVE.,STE.303N**
 CITY-ST-ZIP **FT.LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME **D ALBERANI, ALAN**
 STREET ADDRESS **524 SO. ANDREWS AVE.,STE.303N**
 CITY-ST-ZIP **FT.LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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)(j), 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

ALAN ALBERANI

Date

Daytime Phone #

12/29/00 868-2346

CR2E034 (10/00)