

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057205

1. Entity Name

ELEGANT FLOWERS, INC.

Principal Place of Business

~~20811 NW 3rd Lane~~

~~Pembroke Pines, FL 33029~~

Mailing Address

~~20811 NW 3rd Lane~~

~~Pembroke Pines, FL 33029~~

2. Principal Place of Business

2924 NW 108 Avenue

Suite, Apt. #, etc.

3. Mailing Address

2924 NW 108 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0936713

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Bólanos, Truxton & Youngs, P.A.  
2121 Ponce de Leon Blvd., Suite 600  
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

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, 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

TITLE D ☒ Delete  
NAME ABBAS, KHAWAR  
STREET ADDRESS 20811 NW 3rd Lane  
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

TITLE D/P/S/T ☐ Change ☒ Addition  
NAME GARCIA, ADELE  
STREET ADDRESS 2924 N.W. 108 Avenue  
CITY-ST-ZIP Miami, Florida 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300003204903--0  
CITY-ST-ZIP -04/11/00--01139--023  
\*\*\*158.75 \*\*\*158.75

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

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

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

TITLE ☐ 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 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: *Adele Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00 305-591-2972

CR2E034 (9/99)

FILED

00 MAR 21 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE