

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90065 004 ***150.00

DOCUMENT # P99000069806

1. Entity Name MY FLOWERS UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5853 SW 73rd STREET

3. Mailing Address

5853 SW 73rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SOUTH MIAMI FL

City & State

SOUTH MIAMI FL

4. FEI Number

65-0962118

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JORGE E HUECK

Street Address (P.O. Box Number is Not Acceptable)

5853 SW 73rd STREET

City

SOUTH MIAMI

FL

Zip Code
33143

**DO NOT WRITE
IN THIS SPACE**

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)

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 PDS
NAME
STREET ADDRESS
CITY - ST - ZIP

JORGE E HUECK

5853 SW 73rd STREET
SOUTH MIAMI FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VPDT
NAME
STREET ADDRESS
CITY - ST - ZIP

GABRIELA RIVAS

5853 SW 73rd STREET
SOUTH MIAMI FL 33143

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: *Jorge E Hueck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE E HUECK 04-19-02

Date

Daytime Phone #

305-667-1520