

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070612

1. Entity Name

EXCLUSIVE FLOWERS BY MIRIAM, INC.

Principal Place of Business

13228 SW 8TH STREET
MIAMI FL 33184

Mailing Address:

13228 SW 8TH STREET
MIAMI FL 33184-1176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

050940524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, MIRIAM E
9680 SW 154TH PLACE
MIAMI FL 33196

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President

José A. Bacallao
14394 SW 95 LANE
MIAMI FL 33186

VICE PRESIDENT

FELIPE VATEGA JR.
15845 SW 85 ST
MIAMI FL 33193

SECRETARY

MIRIAM E SUAREZ
14394 SW 95 LANE
MIAMI FL 33186

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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:

José A. Bacallao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-00

Date

(305) 551-1379

Daytime Phone #

FILED

00 MAY -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/30/00 90051/015 \$155.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)