

4/27

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000070612**

1. Entity Name

EXCLUSIVE FLOWERS BY MIRIAM, INC.**FILED**
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90374 001 ***150.00

Principal Place of Business
13228 SW 8TH STREET
MIAMI FL 33184Mailing Address
13228 SW 8TH STREET
MIAMI FL 33184

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 **65-0940524**

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 250 if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 State10. 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 **P** ☐ Delete
NAME **BACALLAO, JOSE A**
STREET ADDRESS **14394 S.W. 95TH LANE**
CITY-ST-ZIP **MIAMI FL 33186**TITLE **P** ☐ Change ☐ Addition
NAME **Bacallao, Jose A**
STREET ADDRESS **14467 SW 50th Ave**
CITY-ST-ZIP **MIAMI FL 33175**TITLE **VP** ☒ Delete
NAME **ORTEGA, FELIPE JR.**
STREET ADDRESS **15845 S.W. 85TH STREET**
CITY-ST-ZIP **MIAMI FL 33193**TITLE **VP** ☐ Change ☐ Addition
NAME **MIRIAM SUAREZ**
STREET ADDRESS **14467 SW 50th Ave**
CITY-ST-ZIP **MIAMI FL 33175**TITLE **S** ☐ Delete
NAME **SUAREZ, MIRIAM E**
STREET ADDRESS **14394 S.W. 95TH LANE**
CITY-ST-ZIP **MIAMI FL 33186**TITLE **S** ☐ Change ☐ Addition
NAME **same**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-16-01

Date

Daytime Phone #

CR2E034 (10/00)