

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073391

i. Entity Name

GREENHAUS FLOWERS & GIFTS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90055 027 ***150.00

Principal Place of Business

FAIRCHILD AVENUE
 COCOA FL 32937

Mailing Address

6466 FAIRCHILD AVENUE
 COCOA FL 32927-2430

2. Principal Place of Business

4795 Fay Blvd.
 Suite, Apt. #, etc.
 21

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cocoa, Fl.

City & State

Zip
 32927

Country

U.S.A.

Zip

Country

4. FEI Number

59-3591666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORAN, ANGELISA R
 6466 FAIRCHILD AVENUE
 COCOA FL 32937

7. Name and Address of New Registered Agent

Name

Moran, Angelisa R.

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

6466 Fairchild Avenue

City

Cocoa

FL

Zip Code
 32927

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

Angelisa R. Moran

Angelisa B. Moran - President

4-22-00

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	<input type="checkbox"/> Delete
NAME	MORAN, ANGELISA R	
STREET ADDRESS	6466 FAIRCHILD AVENUE	
CITY-ST-ZIP	COCOA FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWELL, FAYE	
STREET ADDRESS	4669 PATRICK LANE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moran, Angelisa R.	
STREET ADDRESS	6466 Fairchild Avenue	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Angelisa G. Moran 4-22-00

Date

Daytime Phone #

321

631-5579

CF2E034 (9/99)