

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082170

1. Entity Name

UNLIMITED FLOWERS OF SOUTH AMERICA, INC.

Principal Place of Business

3538 1ST AVE.  
MIAMI FL 33145

Mailing Address

3538 1ST AVE.  
MIAMI FL 33145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650948144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	CASAS, KARYM	3538 1ST AVE.	MIAMI FL 33145	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90006 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment # P99000082170  
B0104573

MIAMI, AUGUST 02 OF 2000

**DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS**

**DEAR SIRs:**

**REGARDING THE FILING OF THE UBR REPORT WE ONLY RECEIVED THE  
SECOND NOTICE. WE ARE A NEW CORPORATION REGISTERED ON  
SEPTEMBER 1999. WE CHECKED WITH AN OFFICER AT YOUR OFFICE AND  
WERE TOLD TO SEND THE FORM WITH A FILING FEE OF US\$150.00.**

**WE ARE ENCLOSING SUCH AMOUNT.**

**PLEASE CONTACT US FOR ANY FURTHER INFORMATION.**

**REGARDS,**



**KARYM CASAS  
PRESIDENT**