

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094212

1. Entity Name

EMERALD BOUQUET, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90053 012 ***158.75

Principal Place of Business

Mailing Address

111 SW 3RD STREET, SIXTH FLOOR
MIAMI FL 33130111 SW 3RD STREET, SIXTH FLOOR
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

9800 N.W. 17th Street

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

33172

U.S.A.

Zip

Country

4. FEI Number 65-0956389

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, ELLIOTT
111 SW 3RD STREET
MIAMI FL 33130

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	VARELA, ALVARO	9475 NW 13TH STREET	MIAMI FL 31720	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	VARELA, MARIO	9475 NW 13TH STREET	MIAMI FL 31720	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	HARRIS, ELLIOTT	111 SW 3RD STREET, SIXTH FLOOR	MIAMI FL 33130	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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 #

CR2E034 (10/00)