

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P99000097801

1. Entity Name
FLOWERS BY GILDA, INC.

Principal Place of Business
**901 SIMONTON STREET
KEY WEST FL 33040**


Mailing Address
**PO BOX 6331
KEY WEST FL 33040**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

01 AUG 14 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, GILDA 901 SIMONTON STREET KEY WEST FL 33040		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERNANDEZ, GILDA 901 SIMONTON STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004560861--8 -08/28/01--01104--007 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Gilda Fernandez **305-294-2483** **8/9/01**

Signature of Registered Agent or Director

0118286 AT

CR2E034 (5/01)

Attachment

20/2

DIVISION OF CORPORATION

AUG 7, 2001

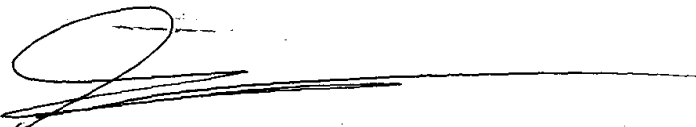
#899000097801

PLEASE EXCEPT MY APOLOGY,S BUT I HAVE BEEN WITH A VERY SICK PARTNER THAT ALMOST DIED, ALL MY BILLS, AND BOOKEEPING WERE BEHINDIAM NOW BEGAING TO CHIP AT IT, THE HOSPITAL BILL WAS OVER 15,000 DOLLARS AND NO INSURANCE.

THE PERSON WAS IN THE ICU ONE WEEK NAME OF PERSON MIGUEL GARCIA AND HE WAS AT THE LOWER KEYS HOSPITAL, THIS CAN BE CHECKED OUT.

I CALLED YOUR OFFICE AND THEY TOLD ME TO WRITE A LETTER ALONG WITH PAYMENT TO YOUR OFFICE.

THANK YOU I REALLY APPRECIATE YOUR COOPERATION & HELP.

A handwritten signature, possibly reading "J. Garcia", followed by a long horizontal line.