2000 UNIFORM BUSINESS REPORT (UBR)

3/3/14

FILED
Jun 16, 2000 8:00 am
Secretary of State
03-14-2000 90049 021 ***150.00

DOCUMENT # P. 99000099389

1. Entity Name

FLORIDA TROPICAL FLOWERS CORP

R

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[redacted]

Principal Place of Business	Mailing Address
2700collins Ave suite 206 Miami Beach Fl 33140	2700collins Ave Suite 206 Miami Beach Fl 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. THE SAME A SABOVE	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0953402 — X 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
PEREZ WILLIAM 2700 Collins Ave suite 206 Miami Beach Fl 33140	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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete PD PEREZ WILLIAM 2700 collins Ave 206 Miami Beach 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

UNITED STATES POSTAL SERVICE®

CUSTOMER'S RECEIPT

KEEP THIS RECEIPT FOR YOUR RECORDS

PAY TO: DIVISION OF CORPORATIONS

ADDRESS

C. O. D. OR USED FOR

SEE BACK OF THIS FOR IMPORTANT INFORMATION

NOT NEGOTIABLE

SERIAL NUMBER 01532421090

YEAR, MONTH, DAY 2000-03-03

POST OFFICE 331392

AMOUNT $150.00

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 #