

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90198 007 ***150.00

DOCUMENT # P99000099941

1. Entity Name
FLOWERS BY LAURA INC.

Principal Place of Business

~~1563 NW 27TH AVENUE~~
~~MIAMI FL 33125~~

Mailing Address

~~1563 NW 27TH AVENUE~~
~~MIAMI FL 33125~~

2. Principal Place of Business
1575 NW 27TH AVENUE

3. Mailing Address
1575 NW 27TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL,

City & State
MIAMI FL,

4. FEI Number **65-0961479**

☐ Applied For
☐ Not Applicable

Zip
33125

Country
USA

Zip
33125

Country
USA

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~PALACIO, LUIS R.~~
~~100 NW 8TH AVENUE~~
~~MIAMI FL 33128~~

7. Name and Address of New Registered Agent

Name
MARIO A. BATISTA

Street Address (P.O. Box Number is Not Acceptable)
720 NW 27TH COURT

#10

City
MIAMI

FL

Zip Code
33125

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

MARIO A. BATISTA

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BATISTA, MARIO A**
STREET ADDRESS **720 NW 27TH COURT #10**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ~~D~~ ☒ Delete
NAME ~~PALACIO, LUIS R.~~
STREET ADDRESS ~~100 NW 8TH AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33128~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED **Mario A. Batista**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)