## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2000 8:00 am Secretary of State OCUMENT # P99000105707 AVENTURA FLOWERS, INC. 05-08-2000 90218 049 \*\*\*150.00 Mailing Address Ancipal Place of Business 3001 S.W. 3RD AVENUE S.W. 3RD AVENUE MIAMI FL 33129 FL 33129 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 6509772 \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \_\_\_\_ 6. Name and Address of Current Registered Agent -Name MARKO, DAVID Street Address (P.O. Box Number is Not Acceptable) 3001 S.W. 3RD AVENUE **MIAMI FL 33129** Zip Code City B. 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition ☐ Change <u>Mr.</u> ☐ Delete TITLE Fobian Yepez NAME NAME STREET ADDRESS 4280 Sw 123cT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

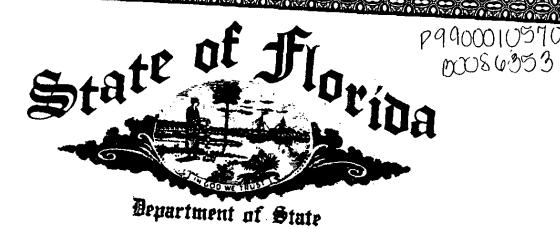
NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Celete

☐ Change

☐ Addition



i certify the attached is a true and correct copy of the Articles of Amendment, filed on January 28, 2000, to Articles of Incorporation for AVENTURA FLOWERS, INC. which changed its name to AVENTURA FARMS & FLOWERS, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P99000105707.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-eighth day of January, 2000

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CR2EO22 (1-99)

Katherine Harris Batherine Harris Secretary of State