

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106696

1. Entity Name  
COMMERCIAL AIR FLOWERS, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90025 048 \*\*\*550.00

Principal Place of Business

2912 NW 72 AVENUE  
MIAMI FL 33122

Mailing Address

2912 NW 72 AVENUE  
MIAMI FL 33122

A0071514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 SAN REMO AVE

3. Mailing Address

P.O. BOX 521703

Suite, Apt. #, etc.

SUITE 177

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

Miami, Florida

Zip

33146

Country

USA

Zip

33152-1703

Country

USA

4. FEI Number

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

GUALDRON, CLEMENCIA  
2912 NW 72 AVENUE  
MIAMI FL 33122

Name ENRIQUE AGUILAR

Street Address (P.O. Box Number is Not Acceptable)

c/o 1500 SAN REMO AVE

SUITE 177

City

CORAL GABLES

FL

Zip Code

33146

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

July 20/2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME AGUILAR, ENRIQUE  
STREET ADDRESS % 1500 SAN REMO AVE.  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

July 20/2000 (305) 257-4228

Date

Daytime Phone #

CR2E034 (5/00)