

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106696

1. Entity Name

COMMERCIAL AIR FLOWERS, INC.

Principal Place of Business

2912 NW 72 AVENUE
MIAMI FL 33122

Mailing Address

2912 NW 72 AVENUE
MIAMI FL 33122

2. Principal Place of Business

3349 NW 97 Ave

3. Mailing Address

PO Box 521703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33152-1703

Country

USA

6. Name and Address of Current Registered Agent

GUALDRON, CLEMENCIA
2912 NW 72 AVENUE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name SANDRA CEVALLOS

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

8301 NW 19th Street

2451 Brickell Ave Apt #10K

City Miami

FL

Zip Code 33129

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]

(NOTE: Registered Agent signature required when reinstating)

January 23/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AGUILAR, ENRIQUE	
STREET ADDRESS	% 1500 SAN REMO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	* Change in address only	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2451 Brickell Ave Apt #10K	
CITY-ST-ZIP	Miami Florida 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90323 043 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)