

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90076 006 ***150.00

DOCUMENT # P99000107067

1. Entity Name
SPLENDID FLOWERS INC.



Principal Place of Business
2917 NW 82ND AVE
MIAMI FL 33122

Mailing Address
P.O. BOX 522113
MIAMI FL 33152



2. Principal Place of Business

1150 NW 72 AVE, SUITE 305
Suite, Apt. #, etc.
SUITE 305

3. Mailing Address

P.O. BOX 522113
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0966648**

Applied For
Not Applicable

Zip
33126

Country
MIAMI-DADE

Zip
33152-2113

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

PARDO, EDWARD
2917 NW 82 AVENUE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

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

1150 NW 72 AVE, SUITE 305

City

MIAMI

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EDWARD PARDO** **2/10/2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PARDO, EDWARD**
STREET ADDRESS **2917 NW 82 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **V** ☐ Delete
NAME **PARDO, PETER**
STREET ADDRESS **2917 NW 82 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **SD** ☐ Delete
NAME **PARDO, VILMA**
STREET ADDRESS **13440 S.W. 92ND ST.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **PARDO, EDWARD**
STREET ADDRESS **1150 NW 72 AVE, SUITE 305**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **V** ☒ Change ☐ Addition
NAME **PARDO, PETER**
STREET ADDRESS **1150 NW 72 AVE, SUITE 305**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **SD** ☒ Change ☐ Addition
NAME **PARDO, VILMA**
STREET ADDRESS **1150 NW 72 AVE, SUITE 305**
CITY-ST-ZIP **MIAMI, FL 33126**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/10/2003

(305) 718-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)