

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91516 034 ***150.00

DOCUMENT # S74759

1. Entity Name

OMNI FLOWERS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2104 NW 99 Avenue

Suite, Apt. #, etc.

3. Mailing Address

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2608

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0289141

Applied For

Not Applicable

Zip
33172

Country
USA

Zip
33132

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey A. Bernstein, Esq.

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

100 N. Biscayne Blvd.

Suite 2608

City

Miami

FL

Zip Code
33132

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPSTV
BAHAMON, Felipe
100 N. Biscayne Blvd., #2608
Miami, FL 33132

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

305-371-4555

CR2E034B (12/01)