

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0217988  
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DOCUMENT # V67439

1. Entity Name  
BLUE FLOWERS, INC.



FILED

03 DEC 15 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O STEVEN M CHARCHAT  
848 BRICKELL AVE. SUITE 1040  
MIAMI FL 33131  
US

Mailing Address  
C/O STEVEN M CHARCHAT  
848 BRICKELL AVE. SUITE 1040  
MIAMI FL 33131  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

REINSTATEMENT  
CHECK HERE IF MAKING CHANGES  
4. PER Number 65-0370253  
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

CHARCHAT, STEVEN M  
848 BRICKELL AVE  
SUITE 1040  
MIAMI FL 33131

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Steven M. Charchat 12/10/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANGELA	
STREET ADDRESS	848 BRICKELL AVENUE STE 1040	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANA AMELIA	
STREET ADDRESS	848 BRICKELL AVENUE STE 1040	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARIA ELENA	
STREET ADDRESS	848 BRICKELL AVENUE STE 1040	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARIA ISABEL	
STREET ADDRESS	848 BRICKELL AVENUE STE 1040	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, ARMANDO	
STREET ADDRESS	848 BRICKELL AVENUE STE 1040	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800024051428	
STREET ADDRESS	10/23/03--01062--025 ***550.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800024051428	
STREET ADDRESS	12/03/03--01004--005 ***200.00	
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		

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: Angela Alvarez REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03 (12/05/03) 010305358-8005

Date

Daytime Phone #

CR2E034 (10/02)