



BENEFICIAL OWNERSHIP RETURN – FORM B



READ INSTRUCTIONS BEFORE COMPLETING

INFORMATION RETURN

THE COMPANIES ACT OF JAMAICA PARTICULARS OF BENEFICIAL OWNER (Pursuant to Section 377A(1) of the Companies Act 2004)

BENEFICIAL OWNER OF A COMPANY

PLEASE INDICATE THE REASON FOR SUBMITTING THIS FORM:

Attachment to the Form 1B

Attachment to the Form 19B

Annual Submission (Overseas Companies without a Share Capital)

Attachment to the Form 31B

1A. NAME OF COMPANY	FLOWERS FOUNDATION LIMITED			ITEM 1A: The full name of the company should be stated at item 1A. The name here must be consistent with the name stated on its Certificate of Incorporation or most recent Change of Name Certificate (as at the date of the form) or in the case of new incorporation the name stated on the Form 1A, 1C, or 1D.
1B. COMPANY REGISTRATION NUMBER	65464			ITEM 1B: Item 1B must be completed to indicate the company registration number at the Companies Office of Jamaica. If no registration number has yet been assigned, "Not Applicable" (N/A) should be placed on the line.
1C. COMPANY TAXPAYER REGISTRATION NUMBER	001-564-568			ITEM 1C: Item 1C should be completed with the company's TRN. This is the nine-digit number assigned to the company by the Tax Administration Jamaica. If no TRN has yet been assigned "Not Applicable" (N/A) should be placed on the line.
1D. PLACE OF INCORPORATION (overseas company)	N/A			ITEM 1D: Item 1D should only be completed by an overseas company. The company should indicate the country that it was incorporated in. This cannot be a local address.
1E. PRINCIPAL PLACE OF BUSINESS (overseas company)	N/A			ITEM 1E: Item 1E should only be completed by an overseas company. The company should state the address of its principal place of business. This cannot be a local address.
1F. COMPANY TELEPHONE NUMBER	876 396-0763	1G. COMPANY EMAIL ADDRESS	ffl@gmail.com	
1H. TYPE OF COMPANY	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Public			ITEM 1H: Item 1H must be completed to indicate the type of company.

2A. PERIOD FOR WHICH RETURN IS MADE UP (Where Return is being filed annually)

(I). START	Day	Month	Year	(II). END	Day	Month	Year	ITEM 2A: This section should be completed to reflect the reporting period of the Beneficial Ownership Return. The start date should be the date immediately following the date the company was incorporated and the end date should be the date the company was incorporated. For example, if the company was incorporated August 10, 2018 and your Beneficial Ownership Return is being filed for the period 2020-2021, the date at item 2a. (I) should read August 11, 2020 and (II) August 10, 2021.
	01	01	2020		01	01	2020	

2B. DATE OF RETURN (Where Return is being filed with another form)

Day	Month	Year	ITEM 2B: The date of return refers to the change or notice's effective date.



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ITEM 3A: Item 3A requires that the name of the beneficial owner of the company must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The item requires that the beneficial owner's relationship to the company must then be selected. The relationship of the beneficial owner of the company may be by way of Ultimate Ownership, Ultimate Control of the Company or Control of the Management of the Company. The relationship to the company may be by one or more ways.

3A. BENEFICIAL OWNERS OF THE COMPANY

NAME OF BENEFICIAL OWNER 1	ADDRESS
DAVIA FLOWERS	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW
NATIONALITY	OCCUPATION
JAMAICAN	TEACHER

RELATIONSHIP TO COMPANY

Ultimate Control of the Company

- Has the ability to determine the policy of the company
 Has the ability to appoint and remove Directors of the company Director or Board of Director

Control of the Management of the Company

- Chief Executive Officer General Manager Chief Financial Officer Chief Operations Officer
 Other _____

Date person commenced as beneficial owner (dd/mm/yyyy):

01/01/2020

Tax Registration Number:

125-648-874

Date of Birth (dd/mm/yyyy):

07/10/1980

NAME OF BENEFICIAL OWNER 2	ADDRESS
MARK FLOWERS	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW
NATIONALITY	OCCUPATION
JAMAICAN	CONTRACTOR

RELATIONSHIP TO COMPANY

Ultimate Control of the Company

- Has the ability to determine the policy of the company
 Has the ability to appoint and remove Directors of the company Director or Board of Director

Control of the Management of the Company

- Chief Executive Officer General Manager Chief Financial Officer Chief Operations Officer
 Other _____

Date person commenced as beneficial owner (dd/mm/yyyy):

01/01/1985

Tax Registration Number:

132-611-422

Date of Birth (dd/mm/yyyy):

18/02/1985



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NAME OF BENEFICIAL OWNER 3	ADDRESS
NATIONALITY	OCCUPATION

<p>RELATIONSHIP TO COMPANY</p> <p>Ultimate Control of the Company Has the ability to determine the policy of the company Has the ability to appoint and remove Directors of the company Director or Board of Director</p> <p>Control of the Management of the Company Chief Executive Officer General Manager Chief Financial Officer Chief Operations Officer Other _____</p>	<p>Date person commenced as beneficial owner (dd/mm/yyyy): _____</p> <p>Tax Registration Number: _____</p> <p>Date of Birth (dd/mm/yyyy): _____</p>
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_____ Continuation page(s) attached

3B. CORPORATE MEMBER/SUBSCRIBER

NAME OF CORPORATE MEMBER/SUBSCRIBER		
BENEFICIAL OWNER OF CORPORATE MEMBER/SUBSCRIBER <i>If there are several beneficial owners of this company, please use continuation page.</i>		
NAME	ADDRESS	
COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION

<p>RELATIONSHIP TO COMPANY</p> <p>Ultimate Control of the Company Has the ability to determine the policy of the company Has the ability to appoint and remove Directors of the company Director or Board of Director</p> <p>Control of the Management of the Company Chief Executive Officer General Manager Chief Financial Officer Chief Operations Officer Other _____</p>	<p>Tax Registration Number: _____</p> <p>Date of Birth (dd/mm/yyyy): _____</p>
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CORPORATE MEMBER/SUBSCRIBER

NAME OF CORPORATE MEMBER/SUBSCRIBER	
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BENEFICIAL OWNER OF CORPORATE MEMBER/SUBSCRIBER
If there are several beneficial owners of this company, please use continuation page.

NAME	ADDRESS	
COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION

RELATIONSHIP TO COMPANY

Ultimate Control of the Company

Has the ability to determine the policy of the company
 Has the ability to appoint and remove Directors of the company Director or Board of Director

Control of the Management of the Company

Chief Executive Officer General Manager Chief Financial Officer Chief Operations Officer
 Other _____

Tax Registration Number:

Date of Birth (dd/mm/yyyy):

CORPORATE MEMBER/SUBSCRIBER

NAME OF CORPORATE MEMBER/SUBSCRIBER	
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BENEFICIAL OWNER OF CORPORATE MEMBER/SUBSCRIBER
If there are several beneficial owners of this company, please use continuation page.

NAME	ADDRESS	
COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION

RELATIONSHIP TO COMPANY

Ultimate Control of the Company

Has the ability to determine the policy of the company
 Has the ability to appoint and remove Directors of the company Director or Board of Director

Control of the Management of the Company

Chief Executive Officer General Manager Chief Financial Officer Chief Operations Officer
 Other _____

Tax Registration Number:

Date of Birth (dd/mm/yyyy):

_____ Continuation page(s) attached



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ITEM 4: Item 4 requires that the name of the current members of the company who are natural individuals must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The item requires that the date the member commenced being a member of the company must be given in the format as day/month/year. All members who are natural persons must be listed in this section.

4. LIST OF CURRENT MEMBERS WHO ARE NATURAL INDIVIDUALS (This page should be left blank only for companies filing annually)

All the members who are natural persons must be listed in this section. Members are those natural persons whose names have been entered in the company's Register of Members. In a company without shares, these persons will also tend to be subscribers.

MEMBER 1

NAME (First then Last)	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH (dd/mm/yyyy)
DAVIA FLOWERS	01/01/2020	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	JAMAICAN	TEACHER	125-648-874	07/10/1980

MEMBER 2

NAME (First then Last)	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH (dd/mm/yyyy)
MARK FLOWERS	01/01/2020	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	JAMAICAN	CONTRACTOR	132-611-422	18/02/1985

MEMBER 3

NAME (First then Last)	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH (dd/mm/yyyy)
JESSICA REID	01/01/2020	13928 FARMINGTON BLVD, TRENTON, NEW JERSEY, USA	AMERICAN	BUSINESSWOMAN	A734053 (PASSPORT)	15/11/1994

_____ Continuation page(s) attached

FOR OFFICIAL USE ONLY COMPANY #:



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5. LIST OF MEMBERS/SUBSCRIBERS WHO ARE COMPANIES

This list shall include all companies who are members of the company during the period for which the Annual Return is made up. Members are those legal persons whose names have been entered in the company's Register of Members. In a company without shares, these persons will also tend to be subscribers.

ITEM 5: Item 5 requires that the name of the current members of the company who are legal persons must be stated. The name must be clearly stated and as written on the original company documents (for example: Certificate of Incorporation, Articles of Incorporation). The address of the company member listed must be stated in full as well as the country and date of incorporation. The item requires that the date the member commenced being a member must be given in the format day/month/year. All members who are legal persons must be listed in this section.

NAME OF COMPANY 1:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION:
NAME OF COMPANY 2:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION:
NAME OF COMPANY 3:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION:
NAME OF COMPANY 4:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION:

_____ Continuation page(s) attached

FOR OFFICIAL USE ONLY COMPANY #:



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6. BENEFICIAL OWNERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF BENEFICIAL OWNER (First then Last)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION

ITEM 6: All beneficial owners who have ceased to be a beneficial owner of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format day/month/ year, and the reason for cessation.

7. MEMBERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF MEMBER (First then Last)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION

ITEM 7: All members who have ceased to be a member of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format of day/ month/ year, and the reason for cessation.

8. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT	LISA SMITH		
CAPACITY	Director <input checked="" type="checkbox"/> Secretary	Authorised Official	Member
SIGNATURE	<i>L. Smith</i>	DATE (dd/mm/yyyy)	02/01/2021

ITEM 8: This item must be signed declaring the accuracy of the information presented. The capacity of the signee/signatory must be indicated as well as the date which the declaration was made.

FOR OFFICIAL USE ONLY COMPANY #:



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FILED BY PAGE

9. PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA

FIRST NAME:	LISA	LAST NAME:	SMITH
ADDRESS:	STREET:	123 HILLVIEW ROAD	
	TOWN:	DEWS PARK	
	POST OFFICE:	KINGSTON 20	
	PARISH:	ST ANDREW	
E-MAIL ADDRESS:	ll.smith@yahoo.com		
CONTACT NUMBER:	876 396-0763		
FAX NUMBER:			

ITEM 9: The 'Filed By' Information page must be completed. The information given must be accurately presented.



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THE COMPANIES ACT OF JAMAICA BENEFICIAL OWNER INFORMATION – SCHEDULE A

INSTRUCTIONS

GENERAL

This document is required to be filed at the Companies Office of Jamaica and must conform to the requirements under the Companies Act of Jamaica and subsequent Amendments made thereto.

Where any provision required to be set out is too long for the space provided in the form, a schedule may be appended to the form. This schedule must be labeled appropriately, for example, 'Schedule A' or 'Schedule B' and the where alphanumeric characters are used to label a schedule(s), same must be done in ascending order.

BENEFICIAL OWNERSHIP DEFINITIONS

Beneficial owner(s) of the company is/are the natural individual(s) who exercise(s) ultimate ownership of the company OR exercise(s) ultimate effective control of the company OR exercise control over the management of the company.

Ultimate ownership of the company arises where a person(s) own 25% or more interest, whether through shares or voting rights in the company.

Ultimate effective control arises where a person(s) has/have the ability to determine the policy of the company or has/have the ability to appoint and remove a Director(s) of the company; these persons could be the Director(s) or Board of Directors.

Control over the management of the company refers to persons of authority who control the management of the company.

Natural Person is a human being, as distinguished from a legal person (as a corporation) created by operation of law.

Legal Person an entity (such as a corporation) considered by law as having many of the rights and responsibilities of a natural person.

BENEFICIAL OWNER AND INDIVIDUAL MEMBER DETAILS

The full name of the beneficial owner(s) and or member(s) must be stated. The first and last name must be stated and there should be no abbreviation of same.

The beneficial owner and or member's address must be stated in full. This includes apartment number, street address, town, postal code or zone, post office, city, parish, state or country where applicable.

The beneficial owner and or member's nationality must be stated. Where the natural person has multiple nationalities, only one nationality will be required.

The beneficial owner and or member's occupation must be stated where applicable.

The beneficial owner and or member's identification number must be stated. **ONE** of the following must be provided as well as the original or certified copy of the identification being used:

1. TAX REGISTRATION NUMBER (*nine-digit number assigned by the Tax Administration Jamaica*), or
2. NATIONAL VOTER'S ID NUMBER, or
3. PASSPORT NUMBER, or
4. DRIVER'S LICENCE NUMBER

(Certification may be done by a Justice of the Peace, Attorney-At-Law or Notary Public)

All dates must be presented as day/month/year.

ITEM 1

ITEM 1A: The full name of the company should be stated at item 1A. The name here must be consistent with the name stated on its Certificate of Incorporation or most recent Change of Name Certificate (as at the date of the form) or in the case of new incorporation the name stated on the Form 1A, 1C, or 1D.

ITEM 1B: Item 1B must be completed to indicate the company registration number at the Companies Office of Jamaica. If no registration number has yet been assigned, "Not Applicable" (N/A) should be placed on the line.

ITEM 1C: Item 1C should be completed with the company's TRN. This is the nine-digit number assigned to the company by the Tax Administration Jamaica. If no TRN has yet been assigned "Not Applicable" (N/A) should be placed on the line.



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ITEM 1D: Item 1D should only be completed by an overseas company. The company should indicate the country that it was incorporated in. This cannot be a local address.

ITEM 1E: Item 1E should only be completed by an overseas company. The company should state the address of its principal place of business. This cannot be a local address.

ITEMS 1F and 1G: Item 1F and 1G are not mandatory, however, if provided must be completed in full. For example, item 1F must reflect a legitimate 10-digit telephone number and item 1G must contain the relevant domain ending, such as 'gmail.com' or 'yahoo.com'.

ITEM 1H: Item 1H must be completed to indicate the type of company.

ITEM 2

ITEM 2A: This section should be completed to reflect the reporting period of the Beneficial Ownership Return. The start date should be the date immediately following the date the company was incorporated and the end date should be the date the company was incorporated. For example, if the company was incorporated August 10, 2018 and your Beneficial Ownership Return is being filed for the period 2020-2021, the date at item 2a. (I) should read August 11, 2020 and (II) August 10, 2021.

ITEM 2B: Item 2B: The date of return refers to the change or notice's effective date.

ITEM 3

ITEM 3A: Item 3A requires that the name of the beneficial owner of the company must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The item requires that the beneficial owner's relationship to the company must then be selected. The relationship of the beneficial owner of the company may be by way of Ultimate Ownership, Ultimate Control of the Company or Control of the Management of the Company. The relationship to the company may be by one or more ways.

ITEM 3B: Item 3B requires that the name of the corporate member/subscriber of the company be stated. The name must be clearly stated and as written on the original company documents (for example: Certificate of Incorporation, Articles of Incorporation). The address for each corporate member listed must be stated in full. The beneficial owner of the corporate member must then be stated in the space provided, as well as nationality and occupation. The item requires that the beneficial owner's relationship to the company must then be selected. The relationship of the beneficial owner to the company may be by way of Ultimate Ownership, Ultimate Control of the Company or Control of the Management of the Company. The relationship to the company may be by one or more ways.

ITEM 4

ITEM 4A: Item 4 requires that the name of the current members of the company who are natural individuals must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The item requires that the date the member commenced being a member of the company must be given in the format as day/month/year. All members who are natural persons must be listed in this section.

ITEM 5

ITEM 5A: Item 5 requires that the name of the current members of the company who are legal persons must be stated. The name must be clearly stated and as written on the original company documents (for example: Certificate of Incorporation, Articles of Incorporation). The address of the company member listed must be stated in full as well as the country and date of incorporation. The item requires that the date the member commenced being a member must be given in the format day/month/year. All members who are legal persons must be listed in this section

ITEM 6

ITEM 6A: All beneficial owners who have ceased to be a beneficial owner of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format day/ month/ year, and the reason for cessation.

ITEM 7

ITEM 7A: All members who have ceased to be a member of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format of day/ month/ year, and the reason for cessation.

ITEM 8

This item must be signed declaring the accuracy of the information presented. The capacity of the signee/signatory must be indicated as well as the date which the declaration was made.

FILED BY PAGE

The 'Filed By' Information page must be completed. The information given must be accurately presented.