



FORM 19E – B

(COMPANIES LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)



READ INSTRUCTIONS BEFORE COMPLETING

THE COMPANIES ACT OF JAMAICA STATUS QUO ANNUAL RETURN DECLARATION FORM FOR COMPANIES LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL

(Pursuant to sections 121 & 122 of the Companies Act 2004)

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

Note 1: Filing this form does not satisfy any obligation to file a financial statement

Note 2: This form cannot be used if there has been a change in the company's information which is required to be presented in an annual return

1A. NAME OF COMPANY	FLOWERS FOUNDATION LIMITED	The name here must be consistent with the name stated on its Certificate of Incorporation or most recent Change of Name Certificate applicable to the period of the Annual Return.
1B. TYPE OF COMPANY	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	
1C. COMPANY REGISTRATION NUMBER	65464	
1D. COMPANY TAXPAYER REGISTRATION NUMBER	001-564-568	
1E. COMPANY TELEPHONE NUMBER	876 396-0763	
1F. COMPANY EMAIL ADDRESS	ffl@gmail.com	
1G. REPORTING YEAR	2022	

2. COMPANY STATUS QUO

The above named company hereby declares that there have been no changes in the:

OFFICERS, BENEFICIAL

OWNERS AND MEMBERS

- I. The Secretary; or
- II. The Directors; or
- III. The beneficial owner(s) and member(s)

REGISTERED OFFICE

- IV. The location of the registered office; of or

REGISTERS KEPT BY THE COMPANY

- V. The location of the Register of Members, Beneficial Owner(s) and Directors' Service Contract;

3. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

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

EXECUTION BY NATURAL PERSONS

NAME OF OFFICER	LISA SMITH
CAPACITY	Director <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official
SIGNATURE	<i>L. Smith</i>
DATE (dd/mm/yyyy)	01/01/2022

OR

EXECUTION BY OFFICERS WHO ARE COMPANIES

NAME OF OFFICER	
CAPACITY	Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	

NAME OF OFFICER	
CAPACITY	Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	

FOR OFFICIAL USE ONLY COMPANY #:



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4. INFORMATION: 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:	876 854-8722		
FAX NUMBER:			

5. ADDITIONAL PARTICULARS OF DECLARANT OFFICER IDENTIFIED AT ITEM 3.

NAME OF OFFICER (first then last)	TAXPAYER REGISTRATION NUMBER <small>(WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)</small>	EMAIL	CONTACT NUMBER
LISA SMITH	148-876-247	ll.smith@yahoo.com	876 854-8722