

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90154 038 ***150.00

DOCUMENT # J06061

1. Entity Name

FLORAL PROMOTIONS, INC.

FL

Principal Place of Business

**405 S STATE RD 7
 PLANTATION FL 33317**

Mailing Address

**405 S STATE RD 7
 PLANTATION FL 33317**

2. Principal Place of Business

405 SOUTH STATE ROAD 7

3. Mailing Address

405 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION

City & State

FLORIDA

4. FEI Number

65-0094657

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KERBEL, PAUL
 405 SOUTH STATE ROAD 7
 PLANTATION FL 33314**

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	KERBEL, GAIL N	
STREET ADDRESS	7401 SW 10 ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VSC	<input type="checkbox"/> Delete
NAME	KERBEL, PAUL	
STREET ADDRESS	7401 SW 10 ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

Daytime Phone #

7/12/00 **954-584-8076**

CF

ATTACHMENT
J06061
DW 72219

FLORAL PROMOTIONS, INC.

405 SOUTH STATE ROAD 7
PLANTATION, FL 33317
(954)584-8006 1(800) 424-8106
Fax (954) 584-8495

J06061 FLORAL PROMOTIONS, INC

DEAR SIR OR MADAME,

PLEASE ACCEPT MY TARDINESS IN SENDING THIS REPORT. I DID NOT RECEIVE THE FIRST REPORT APPLICATION. I WOULD HAVE SENT IT OFF RIGHT AWAY WITH THE \$150.00 CHECK. I WOULD GREATLY APPRECIATE IT IF WE WOULD BE CREDITED FOR THE LATE FEE, AS THIS WOULD BE A TERRIBLE BURDEN TO A SMALL COMPANY SUCH AS OURS. THANK YOU VERY MUCH FOR YOUR HELP.

SINCERELY,



PAUL KERBEL,
VP