2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043038

1. Entity Name

FLORAL DECOR STUDIO INC. Principal Place of Business Mailing Address

Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90070 011 ***150.00

60 N. COLLIER BLVD. STE 6 MARCO ISLAND FL 33997		960 N. COLLIER BLVD. STE 6 MARCO ISLAND FL 34145-2721		しせせいねの 100 100 100 100 100 100 100 100 100 10		
. Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	е	City & State		4. FEI Number 65-0509826 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
			Name	Name		
MUNOZ, ALEXIS 960 N. COLLIER BLVD. STE 6			Street Addres	is (P.O. Box Number is Not Acceptable)		
MAR	RCO ISLAND FL 33937		City	FL Zip Code		
. The above	named entity supmits this statement for		egistered office or regis	stered agent, or both, in the State of Florida. . DATE	_	
Tax filing r (See criter	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	Make Check Payabl	00 Fee will be \$550.0 e to Department of S	Trust Fund Contribution. ☐ Added to Fee	es	
1. 	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TLE AME TREET ADDRESS TY-ST-ZIP	MUNOZ, ALEXIS 1083 N. COLLIER BLVD #332 MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L Citalge L A	uomo	
TLE IME REET ADDRESS	D MUNOZ, MARION 1083 N. COLLIER BLVD #332	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Ac	dditio	
IY-ST-ZIP "LE ME REET ADDRESS IY-ST-ZIP	MARCO ISLAND FL 34145	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	 dditio	
'LE .ME REET ADDRESS -		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Ac	 dditio	
TY-ST-ZIP TLE IME REET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Ac	 dditio	
IY-ST-ZIP TLE ME REET ADDRESS	in Arthur (1911) Turna (Celler) (1919)	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Ac	dditio	
ITY-ST-ZIP	partify that the information aunalized with	ship filling days not qualify for	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the informat	*1=-	

of the corporation or the receiver of trystee 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: >

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #