

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90287 011 ***150.00

0245467 AV

DOCUMENT # G29685

1. Entity Name
FLORICAL ENTERPRISES, INC.



Principal Place of Business
2151 NORTHWEST 13TH AVENUE
MIAMI FL 33142

Mailing Address
2151 NORTHWEST 13TH AVENUE
MIAMI FL 33142



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SANTANA, JOSEPH E.
2751 S. OCEAN DRIVE
HOLLYWOOD FL 33019

4. FEI Number ~~59-2510811~~ **59-2310811** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name ~~SANTANA, JOSEPH E.~~ **SANTANA, B. ZENA**
Street Address (P.O. Box Number is Not Acceptable)
2751 S OCEAN DRIVE
City **HOLLYWOOD - FL** Zip Code **33019**

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 *Zena B. Santana* (NOTE: Registered Agent signature required when reinstating) DATE **4-11-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANA, JOSEPH E. 2751 S. OCEAN DRIVE HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANTANA, MELVIN P. 3233 ARTHUR TERR. HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, B. ZENA 2751 S. OCEAN DRIVE HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SANTANA, B. ZENA 2751 S. OCEAN DR. HOLLYWOOD, FL. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Zena B. Santana* (NOTE: Registered Agent signature required when reinstating) DATE **2/18/03** Daytime Phone #

CR2E034 (10/02)