

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 373222

1. Entity Name
FLO-LOU, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90028 025 ***150.00

Principal Place of Business

14549 GLENCAIRN RD
MIAMI LAKES FL 33016
US

Mailing Address

14549 GLENCAIRN RD
MIAMI LAKES FL 33016
US

2. Principal Place of Business

14549 GLENCAIRN RD
Suite, Apt. #, etc.

3. Mailing Address

14549 GLENCAIRN RD
Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

59-1431257

Applied For

Not Applicable

Zip

33016

Country

U.S.A

Zip

33016

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LOUIS
14549 GLENCAIRN RD
MIAMI LAKES FL 33016

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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: P ☐ Delete
NAME: GARCIA, LOUIS J
STREET ADDRESS: 4151 PALM AVENUE
CITY-ST-ZIP: HIALEAH FL

TITLE: VP ☐ Delete
NAME: RICCOBONO, LINDA
STREET ADDRESS: 4151 PALM AVENUE
CITY-ST-ZIP: HIALEAH FL

TITLE: ST ☐ Delete
NAME: GARCIA, FLORENCE E
STREET ADDRESS: 4151 PALM AVENUE
CITY-ST-ZIP: HIALEAH FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

Louis J. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS J. GARCIA

Date

Daytime Phone #

1-12-02 (305) 823-4095

CR2E034 (9/01)