2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91328 012 ***150.00

DOCUMENT # 530813

1. Entity Name

Flora's Distributors, Inc.

Principal Place of Business	Mailing Address
1400 S.W. 1 Court Pompano Beach, FL 33069	1400 S.W. 1 Court Pompano Beach, FL 33069

2. Principal Place of Business	3. Mailing Address
1371 S.W. 8 Street	1371 S.W. 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33069 / Country:	Zip: 33069 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1803980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

John Flora
1371 S.W. 8 Street
Pompano Beach, FL 33069

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

FILE NOW!!! FEE IS 150.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D Flora, John 1400 S.W. 1 Court Pompano Beach, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D Flora, John 1371 S.W. 8 Street Pompano Beach, FL 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,D Rizzocascio, Gaetano 1400 S.W. 1 Court Pompano Beach, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,D Rizzocascio, Gaetano 1371 S.W. 8 Street Pompano Beach, FL 33069	☑ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gaetano Rizzocascio GAETANO RIZZOCASCIO 5/1/02 954-785-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #