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
1400 S.W. 1 Court
Pompano Beach, FL 33069

Mailing Address
1400 S.W. 1 Court
Pompano Beach, FL 33069

2. Principal Place of Business
1371 S.W. 8 Street
Suite, Apt. #, etc.

3. Mailing Address
1371 S.W. 8 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL

Zip
33069

Country

City & State
Pompano Beach, FL

Zip
33069

Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	P,D	☐ Delete
NAME	Flora, John	
STREET ADDRESS	1400 S.W. 1 Court	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	S,D	☐ Delete
NAME	Rizzocascio, Gaetano	
STREET ADDRESS	1400 S.W. 1 Court	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	P,D	☑ Change ☐ Addition
NAME	Flora, John	
STREET ADDRESS	1371 S.W. 8 Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	S,D	☑ Change ☐ Addition
NAME	Rizzocascio, Gaetano	
STREET ADDRESS	1371 S.W. 8 Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Rizzo Cascio 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 #