Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## FILED Feb 15, 2001 8:00 am **DOCUMENT # G29685 Secretary of State** FLORICAL ENTERPRISES, INC. 02-15-2001 90102 008 \*\*\*150.00 Principal Place of Business Mailing Address 2151 NORTHWEST 13TH AVENUE 2151 NORTHWEST 13TH AVENUE MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Number Applied For 59-2510811 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANA, JOSEPH E. Street Address (P.O. Box Number is Not Acceptable 4901 MONROE ST. HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its registered office or register dagent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change BANTANA JOSEPH E. TITLE Delete TITLE SANTANA, JOSEPH E. NAME NAME 2751 S Ocean & 4901 MONROE ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-7IP tollyword. H. CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE SANTANA, MELVIN P. NAME NAME 3233 ARTHUR TERR. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP SD Change Addition. TITLE Delete TITLE SANTANA SANTANA, B. ZENA NAME NAME 4901 MONROE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 approximation 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 a with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR