

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G45308**

1. Entity Name
FLORIDA IMPERIAL, INC.

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90005 022 ***150.00

Principal Place of Business

**7200 N W 72 AVENUE
MIAMI FL 33166**

Mailing Address

**7200 N W 72 AVENUE
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2329931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, GILBERTO
7200 N.W. 72 AVENUE
MIAMI FL 33166**

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 NAME	PDS GARCIA, GILBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	3830 S.W. 138TH AVE.	
CITY-ST-ZIP	MIAMI FL 33174-5	
TITLE NAME	V GARCIA, OZZARAH	<input type="checkbox"/> Delete
STREET ADDRESS	3830 S.W. 138TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE NAME	T AMARYLIS GARCIA	<input type="checkbox"/> Delete
STREET ADDRESS	3830 S.W. 138TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE NAME	VP MOTOLA, OZZARAH	<input type="checkbox"/> Delete
STREET ADDRESS	2020 S.W. 134 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)