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2001 UNIFORM BUSINESS REPORT (UBR)

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Mar 12, 2001 8:00 am **DOCUMENT # J25026 Secretary of State** FLORAL TRENDS MIAMI, INC. 03-12-2001 90499 038 ***150.00 Principal Place of Business Mailing Address 1414 NW 82ND AVENUE C/O MICHAEL A. RUBIN. ESQ. MIAMI FL 33126 420 SO DIXIE HIGHWAY, SUITE #4B CORAL GABLES FL 33146 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. FEI Number Applied For 59-3700935 Not Applicable 59-2700935 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBIN, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 420 S. DIXIE HWY. SUITE 4B CORAL GABLES FL 33146 City 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 • d title li audicable. (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VP, Tab PVPT TITLE ☐ Delete MARTINEZ, JORGEL 1414 NW 82 AUE MARTINEZ, JORGE L. NAME NAME STREET ADDRESS 1414 NW 82ND AVENUE STREET ADDRESS MIAMI, FL 33126 CITY-ST-718 MIAMI FL CITY-ST-ZIP 69-TITLE ☐ Delete TITLE AYGLA, SELENA R NAME NAME 1414 NW 82ND AVE STREET ADDRESS STREET ADDRESS minmi, FL 33126 CITY-ST-7IP MIAMI FL 33126 CITY-ST-7IP TITLE . Delete. Change ___ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports fue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver trusted that were to execute it is 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 impowered.