

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013224

1. Entity Name
INTERFLORAL, LLC

FILED

FEB 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

689 VERONA CT.
WESTON FL 33326

Mailing Address

6675 G Business Pkwy
Elkridge, MD 21075

2. Principal Place of Business

689 Verona Ct
Suite, Apt. #, etc.

3. Mailing Address

6675 G Business Pkwy
Suite, Apt. #, etc.

City & State
Weston FL

City & State
Elkridge, MD

4. FEI Number

52-2275723

Applied For

Not Applicable

Zip
33326

Country
USA

Zip
21075

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCARPA, RANDY
689 VERONA CT.
WESTON FL 33326

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME General Manager
STREET ADDRESS Samir Succar
CITY - ST - ZIP 6675 G Business Pkwy
Elkridge, MD 21075 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 900003745723 ☐ Change ☐ Addition
STREET ADDRESS -02/21/01--01091--001
CITY - ST - ZIP *****50.00 *****50.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Samir Succar 2-13-2001

410 796 7100

CR20083 (11/00)