

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90036 022 \*\*\*\*50.00

**DOCUMENT # L01000001137**

1. Entity Name  
**FLORASOURCE, LLC**

Principal Place of Business

**260 LOCK ROAD  
 DEERFIELD BEACH FL 33442**

**555 S.W. 12th Ave A105  
 Pompano Bch, FL 33069**

Mailing Address

**260 LOCK ROAD  
 DEERFIELD BEACH FL 33442**

**555 SW 12th Ave A105  
 Pompano Bch, FL 33069**

2. Principal Place of Business

**555 S.W. 12th Ave**

3. Mailing Address

**555 S.W. 12th Ave**

Suite, Apt. #, etc.

**A105**

Suite, Apt. #, etc.

**A105**

City & State

**Pompano Bch, FL**

City & State

**Pompano Bch, FL**

4. FEI Number

**33-0841344**

Applied For

Not Applicable

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPECTOR, STEVE  
 260 LOCK ROAD  
 DEERFIELD BEACH FL 33442**

Name **Steve Spector**

Street Address (P.O. Box Number is Not Acceptable)

**555 SW 12th Ave A105 Pompano Bch, FL 33069**

City

**Pompano Bch**

**FL**

Zip Code

**33069**

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

*Steve Spector*  
 Signature, typed or printed name of registered agent and title if applicable

*[Signature]*  
 (NOTE: Registered Agent Signature required when reinstating)

DATE

**4/1/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Vice President** ☐ Delete  
 NAME **Joann Spector**  
 STREET ADDRESS **555 SW 12th Ave A105**  
 CITY-ST-ZIP **Pompano Bch, FL 33069**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Steve Spector*  
 Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

**4/1/02**

**954-742-9477**

CR2E083 (9/01)