

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90713 050 ***150.00

DOCUMENT # L38913

1. Entity Name
FLOATING FORMALS, INC.



Principal Place of Business
**8444 SW 8 ST
MIAMI FL 33144**

Mailing Address
**8444 SW 8 ST
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

8512 SW 8 ST

8512 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33144

Country

U.S.

Zip

33144

Country

U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0185674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIEDRA, MANUEL A.
8444 SW 8TH ST
28TH FLOOR
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **Piedra, Manuel A**

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

8512 SW 8 ST

City

Miami

FL

Zip Code

33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PIEDRA, MANUEL H.	
STREET ADDRESS	8444 SW 8 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIEDRA, MANUEL A.	
STREET ADDRESS	8444 SW 8 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PIEDRA, OLGA	
STREET ADDRESS	8444 SW 8 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIEDRA, MIRIAM	
STREET ADDRESS	8444 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piedra, Manuel H.	
STREET ADDRESS	8512 SW 8 ST	
CITY-ST-ZIP	Miami FL 33144	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piedra, Manuel A.	
STREET ADDRESS	8512 SW 8 ST	
CITY-ST-ZIP	Miami FL 33144	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piedra, Olga	
STREET ADDRESS	8512 SW 8 ST	
CITY-ST-ZIP	Miami FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piedra, Miriam	
STREET ADDRESS	8512 SW 8 ST	
CITY-ST-ZIP	Miami FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3/13/03 305 247-1109

Date Daytime Phone #

CR2E034 (10/02)