

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L52978

1. Entity Name

ATLAS FLORAL DECORATORS OF FLORIDA, INC.



FILED

04 NOV 15 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1060 HOLLAND DR.
SUITE 3C
BOCA RATON, FL 33487

Mailing Address

1060 HOLLAND DR.
SUITE 3C
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



4. FEI Number
65-0199649

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, LANE S
1060 HOLLAND DR.
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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)

700042162257

10/25/04 01077 002 **550.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRIEDMAN, LANE
STREET ADDRESS 4965 NW 110TH TERR.
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE
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IN THIS SPACE**

100042962561

11/23/04--01052--016 **200.00

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

Date

Daytime Phone #