

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED
FILED

01 SEP -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M27781

1. Entity Name

FLORHOLDINGS, INC.

Principal Place of Business

2 Alhambra Plaza
Suite 1202
Coral Gables, FL 33134

Mailing Address

2 Alhambra Plaza,
Suite 1202
Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2001 AMENDED UBR

4. FEI Number
592736410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Alhambra Registered Agents, Inc.
2 Alhambra Plaza, Suite 1202
Coral Gables, FL 33134

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOS Mae Simmons 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOS Joel J. Karp 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T Gloria Cruz 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joel J. Karp (Duplicate)	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Luis Fernando Isaza 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS Gloria Cruz 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, S Joel J. Karp 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FLORHOLDINGS, INC.

SIGNATURE: By: Joel J. Karp Joel J. Karp, Director 8/27/01 (305) 445-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)