

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011458

1. Entity Name
FLORIAN CORPORATION

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90010 030 ***150.00

0000212 AV

Principal Place of Business
9790 S.W. 24TH STREET
MIAMI FL 33165

3300 SW 143RD PL
MIAMI FL 33175

Mailing Address
9790 S.W. 24TH STREET
MIAMI FL 33165

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0986764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIAN, CARMEN E
3300 S.W. 143RD PLACE
MIAMI FL 33175

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLORIAN, MANUEL
3300 S.W. 143RD PLACE
MIAMI FL 33175 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLORIAN, CARMEN E
3300 S.W. 143RD PLACE
MIAMI FL 33175 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # P0000001145-8

Donna Corporation CDD 15921

3300 SW 143 St

Miami FL 33175

(305) 551-1178

August 23, 2001

Secretary of State
Gentlemen:

Because I did not receive this form
until recently because I had moved
I did not have the form to file
until they brought it to my address

Please accept my apologies for the late
filing and forgive me the penalties
accordingly.

Thank you very very much
Sincerely

Donna Lorian