

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011458

1. Entity Name
FLORIAN CORPORATION

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 050 ***150.00

869201



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3300 SW 143 PL
MIAMI FL 33175

Mailing Address
8780 S.W. 24TH STREET
MIAMI FL 33175

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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

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

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 date if applicable.

(NOTE: Registered Agent signature required when re-issuing)

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, 2002 Fee will be \$550.00
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: D
NAME: FLORIAN, MANUEL
STREET ADDRESS: 3300 S.W. 143RD PLACE
CITY-ST-ZIP: MIAMI FL 33175 ☐ Delete

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
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☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE:
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☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
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 807, 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

Daytime Phone #

CR2E034 (9/01)