

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070075

1. Entity Name

THE FOLIAGE, FLORA, & GIFT GALLERY, INC.

Principal Place of Business

801 BRICKELL AVE., SUITE 1901
MIAMI FL 33131

Mailing Address

801 BRICKELL AVE., SUITE 1901
MIAMI FL 33131

2. Principal Place of Business

6689 Collins Ave.

Suite, Apt. #, etc.

3. Mailing Address

6689 Collins Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip 33141

Country

USA

City & State

Miami Beach, FL

Zip 33141

Country

USA

4. FEI Number

65-1027500

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

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DEGASPERI, ALEX
STREET ADDRESS 801 BRICKELL AVE., SUITE 1901
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Change ☐ Addition
NAME DEGASPERI, Alex
STREET ADDRESS 6689 Collins Avenue
CITY-ST-ZIP Miami Beach, FL 33141

TITLE D ☐ Delete
NAME ALSINA, LUIS JR.
STREET ADDRESS 801 BRICKELL AVE., SUITE 1901
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Change ☐ Addition
NAME ALSINA, Luis Jr.
STREET ADDRESS 6689 Collins Avenue
CITY-ST-ZIP Miami Beach, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90024 013 ***150.00

550438



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)