

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0226720 AV

DOCUMENT # **P00000070075**

1. Entity Name
THE FOLIAGE, FLORA, & GIFT GALLERY, INC.

04-01-2002 90160 026 ***150.00

Principal Place of Business Mailing Address
6689 COLLINS AVENUE **6689 COLLINS AVENUE**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6701 Collins Avenue**
 Suite, Apt. #, etc. **Lower Lobby**

3. Mailing Address **7721 Miami View Drive**
 Suite, Apt. #, etc.

City & State **Miami Beach, FL**

City & State **NORTH BAY VILLAGE FL**

4. FEI Number **65-1027500** Applied For
 Not Applicable

Zip **33141** Country **USA**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SPENCER, KEVIN ESQ.
801 BRICKELL AVE., SUITE 1901
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **Roy Thomas**
 Street Address (P.O. Box Number is Not Acceptable) **6725 Harding Avenue, #504**
 City **Miami Beach, FL** Zip Code **33141**

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 **Roy Thomas** **Roy Thomas** **R.T.** **02/26/02**
(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.
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DEGASPERI, ALEX 6689 COLLINS AVENUE MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ALSINA, LUIS JR. 6689 COLLINS AVENUE MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Agneta Campos - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7721 Miami View Drive N. Bay Village, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andres Campos 7721 Miami View Drive N. Bay Village, FL 33141
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
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.

SIGNATURE: **[Signature]** **Feb 26, 2002** **(305) 864-5292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)