

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90005 014 ***150.00

DOCUMENT # P00000081551

1. Entity Name
FLOR-SOURCE ENTERPRISES NO. 3, INC.

Principal Place of Business

**12645 SOUTH DIXIE HWY
 MIAMI FL 33156**

Mailing Address

**12645 SOUTH DIXIE HWY
 MIAMI FL 33156**

2. Principal Place of Business

**661 MAPLEWOOD DR.
 Suite, Apt. #, etc.:
 BAY 7**

3. Mailing Address

**8888 S.W. 129 TERRACE
 Suite, Apt. #, etc.**

City & State

JUPITER, FL

City & State

MIAMI, FL

Zip

33458

Country

PALM BEACH

Zip

33176

Country

MIAMI-DADE

4. FEI Number

65-1036961

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PLOTKIN, ROBERT D
 12645 SOUTH DIXIE HWY
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **PLOTKIN, ROBERT D**
 Street Address (P.O. Box Number is Not Acceptable)
8888 S.W. 129 TERRACE
 City **MIAMI, FL** Zip Code **33176**

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, 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	<input type="checkbox"/> Delete
NAME	PLOTKIN, ROBERT D	
STREET ADDRESS	12645 SOUTH DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, RICHARD S	
STREET ADDRESS	7730 NW 63RD WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOTKIN, ROBERT D.	
STREET ADDRESS	8888 S.W. 129 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

CP2E034 (9/01)