2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the regeiver of truster changed, or on an attachment with an ad-

SIGNATURE:

Sep 10, 2003 8:00 am Secretary of State P01000008802 DOCUMENT # 1. Entity Name 09-10-2003 90068 039 ***150.00 CASTALDI FLORAL GROUP, INC. Principal Place of Business Mailing Address 2020 NW 72 AVENUE JO27 W BROWARD SLVD MIAMI FL 33122 --#372-PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address 7381 NW 35 TH ST 35TH-51 7381 NW. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number MIAMI, FL 65-1076329 MUANI, FZ Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTALDI, ANGELO 12629 NW 13TH CT: SUNRISE EL 33323 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐.Delete TITLE Change Addition CASTALDI, ANGELO NAME NAME 1381 NW 35TH Street 12629 NW 13TH CT. STREET ADDRESS STREET ADDRESS SUNRISE FL 33328 MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME CASTALDI, ANN NAME 7381 NW 35th Street 12629 NW 13TH CT. STREET ADDRESS STREET ADDRESS SUNRISE-FL-33323 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sypplied 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 reveiver of trustee empowerer to execution his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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CASTALDI FLORAL GROUP, INC.

9/8/03

Department of State

Decause the change in address, I here vereived the first 2003 by the Port office either. Horwooded by the Port office either. It appreciate of you take this fact into consideration. It was not because of negligines that this because of negligines that this because of negligines that this help.

Prenient Myli Willel