5/8/2002-90126-041-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -5 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045966

1. Entity Name

Fleur Secure, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
FLEUR SECURE, INC.	FLEUR SECURE, INC.
7220 NW 72ND STREET - SUITE 530	7220 NW 72ND STREET - SUITE 530
MIAMI, FL 33166	MIAMI, FL 33166
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100440 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

HILL, MARCELA
7220 NW 36TH ST. - 530
City MIAMI FL 33166

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1st thru May 1st Fee is $150.00
After May 1st Fee is $550.00
Note: Amended UBR is $61.25
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 DIRECTOR NAME HILL, MARCELA STREET ADDRESS 7220 NW 36TH STREET - SUITE 530 CITY-ST-ZIP MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME FEINGOLD, KEVIN S STREET ADDRESS 7220 NW 36TH. STREET SUITE 530 CITY-ST-ZIP MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Kevin S. Feingold 04/26/02 305-406-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #