

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90370 046 ***150.00

DOCUMENT # P010000850131
1. Entity Name
THE XFLORA GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
180 SPRING WOOD TRAIL
Suite, Apt. #, etc. _____

3. Mailing Address
180 SPRING WOOD TRAIL
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
ALTAMONTE SPRINGS FL
Zip
32714 Country
USA

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ALTAMONTE SPRINGS, FL
Zip
32714 Country
USA

4. FEI Number
02-0555274
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EUGENIO M. VALDES

Street Address (P.O. Box Number is Not Acceptable)

180 SPRING WOOD TRAIL

City
ALTAMONTE SPRINGS FL Zip Code
32714

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
Eugenio M. Valdes - president

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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
PRESIDENT
NAME
EUGENIO M. VALDES
STREET ADDRESS
180 SPRING WOOD TRAIL
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

TITLE
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IN THIS SPACE**

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: EUGENIO M. VALDES - Eugenio M. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-02

Daytime Phone #

407-496.3441

CR2E034B (12/01)