

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90514 021 \*\*\*150.00

**DOCUMENT #** P01000090713

**1. Entity Name**  
SPRING FLOREAL, INC

04040403

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|  |                          |                           |         |
|--|--------------------------|---------------------------|---------|
| <b>2. Principal Place of Business</b><br><u>4465 S.W. 160 Ave #200</u> |                          | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.<br><u>#200</u>                                     |                          | Suite, Apt. #, etc.       |         |
| City & State<br><u>MIRAMAR, FL</u>                                     |                          | City & State              |         |
| Zip<br><u>33027</u>  | Country<br><u>U.S.A.</u> | Zip                       | Country |

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|                                       |  |
|---------------------------------------|--|
| <b>4. FEI Number</b> <u>651139113</u> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------------|--|

|  |
|--|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|--|

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**7. Name and Address of Current Registered Agent**

|   |  |
|---|--|
| <b>Name</b> <u>WILLIAM PORRAS</u>                         |  |
| <b>Street Address</b> (P.O. Box Number is Not Acceptable) |  |
| <u>4465 SW 160 Ave #200</u>                               |  |
| <b>City</b> <u>MIRAMAR</u>                                | <b>FL</b> <b>Zip Code</b> <u>33027</u> |

**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 reissuing) 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**

|  |   |  |  |
|--|---|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <u>PA</u><br><u>WILLIAM PORRAS</u><br><u>4465 S.W. 160 Ave #200</u><br><u>MIRAMAR, FL 33027</u> | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |

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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)(f), 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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee Paid \$

CR2E034B (12/01)