


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-16-2003 90190 050 ***150.00

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

DOCUMENT # <u>701000106459</u>	
1. Entity Name <u>ADRIAFLOR INC d/b/a KENDALL COUNTRY</u> <u>Flowers & Gifts</u>	

DO NOT WRITE IN THIS SPACE

55031828

2. Principal Place of Business <u>7600 SW 117th Ave</u> Suite, Apt. #, etc.	3. Mailing Address <u>7600 SW 117th Ave</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI FLORIDA</u>	City & State <u>MIAMI FLORIDA</u>	4. FEI Number <u>65450364</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33183</u>	Country <u>USA</u>	Zip <u>33183</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>SABRINA BRISCECH</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7600 SW 117th Ave</u>
City <u>MIAMI</u>
FL
Zip Code <u>33183</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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SABRINA BRISCECH Sabrina Briscech 4-25-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT</u> <u>SABRINA BRISCECH</u> <u>7600 SW 117th Ave</u> <u>MIAMI FL 33183</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VICE PRESIDENT</u> <u>ROBERTO MURARO</u> <u>7600 SW 117th Ave</u> <u>MIAMI FL 33183</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>DO NOT WRITE</u> <u>IN THIS SPACE</u>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: MURARO ROBERTO 04/25/03 305-598-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)