

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90116 025 ***150.00

DOCUMENT # P01000116748

1. Entity Name
KHARISMA FLORAL USA, INC.

Principal Place of Business
1691 BUENA AVENTURE BLVD
WESTON FL 33327

Mailing Address
1691 BUENA AVENTURE BLVD
WESTON FL 33327

2. Principal Place of Business
1691 Bonaventure Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
1691 Bonaventure Blvd.
 Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number **75-3010818**

Applied For
 Not Applicable

Zip
33326

Country

Zip
33326

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MESA, MAURICIO
1691 BUENA AVENTURE BLVD
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 8th - 2002.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **MESA, MAURICIO**
 STREET ADDRESS **1691 BUENA AVENTURE BLVD**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **VST** ☐ Delete
 NAME **VILLAMIL, ADRIANA**
 STREET ADDRESS **1691 BUENA AVENTURE BLVD**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1691 Bonaventure Blvd. (LAKESIDE Plaza)**
 CITY-ST-ZIP **Weston, FL 33326**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1691 Bonaventure Blvd. (LAKESIDE Plaza)**
 CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8th / 2002 **954/3586774**

Date

Daytime Phone #