

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90289 005 ***150.00

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DOCUMENT # P02000047322

1. Entity Name

SOUTH DADE FLORAL ENTERPRISES, INC.



Principal Place of Business
10383 SW 186 STREET
MIAMI FL 33157

Mailing Address
10383 SW 186 STREET
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1093275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MARICELA
10383 SW 186 STREET
MIAMI FL 33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/03

FILE NOW!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PEREZ, MARICEIA
10383 SW 186 STREET
MIAMI FL 33157 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03 (305) 288-2257

Date

Daytime Phone #

CR2E034 (4/03)

attachment

FLORIDA DEPARTMENT OF REVENUE
ANNUAL REPORT OR REINSTATEMENT
EIN: 65-1093275
DOC # P02000047322
Re: SOUTH DADE FLORAL ENTERPRISES, INC.

80137696
#P02000047322

July 21, 2003

To Whom It May Concern,

As you request me I am sending this letter to explain the reason why I did not file the annual Report of **SOUTH DADE FLORAL ENTERPRISES, INC.**

Located at **10383 SW 186 STREET MIAMI, FL 33157**. Because I never received the form required.

If you any question do not hesitate contact me to (305) 238-2251.

Sincerely,


MARICELA PEREZ
President