

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91059 046 ***158.75

DOCUMENT # P02000054527

1. Entity Name
PALM FLORAL HOLDINGS, INC.



Principal Place of Business
2400 E COMM'L BLVD STE 820
FT LAUDERDALE FL 33308

Mailing Address
2400 E COMM'L BLVD STE 820
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

1133 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

PLANTATION, FL

Zip

Country

33324

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

43-1961181

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 -

SHEHADEH, ABDEL K

2400 E COMM'L BLVD STE 820

FT LAUDERDALE FL 33308

Name

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

1133 S. UNIVERSITY DR. STE 202

City PLANTATION

FL

Zip Code 33324

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 D ☐ Delete
NAME SHEHADEH, ABDEL K
STREET ADDRESS 2400 E COMM'L BLVD STE 820
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE P ☒ Change ☐ Addition
NAME SHEHADEH, ABDEL K
STREET ADDRESS 1133 S. UNIVERSITY DR. STE 202
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME DAKSHEK WAEL
STREET ADDRESS 1133 S. UNIVERSITY DR. STE 202
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME KANOOK NOFAL
STREET ADDRESS 1133 S. UNIVERSITY DR. STE 202
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Abdel K. Shehadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/03

CR2E034 (10/02)