

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an
Secretary of State

02-08-2000 90053 039 ***150.00

DOCUMENT # P930000037762

1. Entity Name

FLORIBAL, INC.

Principal Place of Business

Mailing Address

8310 NW 14TH STREET
MIAMI FL 33126
US

8310 NW 14TH STREET
MIAMI FL 33122-1151
US

B0014062

2. Principal Place of Business

3. Mailing Address

7800 NW 29 Street #9

7800 NW 29 Street #9

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami FL 33122

Miami FL

4. FEI Number

65-0411996

Applied F

Not Applied

Zip 33122

Country Dade

Zip 33122

Country Dade

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

HUME, CHARLES LEA
COURTHOUSE TOWER 18TH FLOOR
44 W FLAGLER STREET
MIAMI FL 33130

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME GAITAN, EDUARDO
STREET ADDRESS 8310 NW 14TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP
NAME GAITAN, LUIS
STREET ADDRESS 8310 NW 14TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 31 / 00 305-477-