

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037762

1. Entity Name
FLORIBAL, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90281 001 ***150.00

0191432 AV

Principal Place of Business

7800 NW 29 STREET
#9
MIAMI FL 33122
US

Mailing Address

7800 NW 29 STREET
#9
MIAMI FL 33122
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7037 NW 50th Street
Suite, Apt. #, etc.

3. Mailing Address

7037 NW 50th Street
Suite, Apt. #, etc.

City & State

MIAMI FL 33166

City & State

MIAMI FL 33166

4. FEI Number

65-0411996

Applied For

Not Applicable

Zip

33166

County

Dade

Zip

33166

County

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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, 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
GAITAN, EDUARDO
7800 NW 29ST #9
MIAMI FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GAITAN, LUIS
7800 NW 29ST #9
MIAMI FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 28/02 305-477-8200

CR2E034 (9/01)

ATTACHMENT

Doc#: P93000037762

315150

Please take
note of our new
address

7037 NW 50 St
Miami, FL 33166