

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90268 010 ***150.00

DOCUMENT # P93000069326

1. Entity Name
FLOR-SOURCE ENTERPRISES, INC.

Principal Place of Business

**12645 SO DIXIE HWY
MIAMI FL 33156
US**

Mailing Address

**12645 SO DIXIE HWY
MIAMI FL 33156
US**

2. Principal Place of Business

**8888 S.W. 129 TERRACE
Suite, Apt. #, etc.**

3. Mailing Address

**8888 S.W. 129 TERR.
Suite, Apt. #, etc.**

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0441900

Applied For

Not Applicable

Zip

33176

Country

MIAMI-DADE

Zip

33176

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLOTKIN, ROBERT
12645 SO DIXIE HWY
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **PLOTKIN, ROBERT D.**

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

8888 S.W. 129 TERRACE

City **MIAMI**

FL

Zip Code **33176**

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 **D** ☐ Delete
NAME **PLOTKIN, ROBERT**
STREET ADDRESS **12645 S DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **PLOTKIN, ROBERT**
STREET ADDRESS **8888 S.W. 129 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33176**

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

TITLE ☐ Change ☐ Addition
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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 an otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)