## -2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000069738

## FLORA SERVICE CORPORATION

| Pri | ncipal Plac | ce of | Business |
|-----|-------------|-------|----------|
| 520 | BRICKELL    | KEY   | DRIVE    |

Mailing Address

MIAM! FL 33131

520 BRICKELL KEY DRIVE MIAMI FL 33131-2660

| 2. Principal P  | 3. Mailing Address                   | ailing Address                |                     |          |   |                          |                            |   |                            |                      |                                |          |  |
|---|--------------------------------------|-------------------------------|---------------------|----------|---|--------------------------|----------------------------|---|----------------------------|----------------------|--------------------------------|----------|--|
| Suite, Apt. #, etc.   |                                      |                               | Suite, Apt. #, etc. |          |   |                          | DO NOT WRITE IN THIS SPACE |   |                            |                      |                                |          |  |
| City & State  |                                      |                               | City & State        |          | 4   | 4. FEI Number 65-0607299 |                            |   | Applied For Not Applicable |                      |                                |          |  |
| Zip   |                                      | Country                       |                     | Zip Coun |   | trý                      | 5                          | 5. Certificate of Status Desired                                    |                            |                      | \$8.75 Additional Fee Required |          |  |
| 6. Name and Address of Current Registered Agent   |                                      |                               |                     |          |   | [                        | 7                          | 7. Na   | ame and Address of New Re  | egistered            | Agent                          |          |  |
| ROJAS, MARCO E<br>520 BRICKELL KEY DRIVE<br>SUITE 0-305<br>MIAMI FL 33131   |                                      |                               |                     |          | Name Street Address (P.O. Box Number is Not Acceptable) |                          |                            |   |                            |                      |                                |          |  |
|   |                                      |                               |                     |          |   | City                     |                            |   |                            | Fl                   | Zip Code                       | •        |  |
| SIGNATURE .   | Signature, typed                     | or printed name of registered | agent and t         | ·        | : Registere   | d Agent signatu          | erequired whe              |   |                            | DATE                 |                                |          |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000 Make Check Payable |                                      |                               |                     | 00 Fee   | will be \$5   | 50.00                    |                            | <ol> <li>Election Campaign Final Trust Fund Contribution</li> </ol> |                            | <b>\$5.0</b> □ Added | May Be<br>to Fees              |          |  |
| 11.   |                                      | OFFICERS A                    | AND DIF             | RECTORS  | 12.   |                          |                            | ADD   | ITIONS/CHANGES TO OFFI     | CERS AN              | D DIRECTORS                    | S IN 11  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>ZULETA,<br>520 BRIC<br>MIAMI FL | JUAN A<br>KELL KEY DRIVE S    |                     | ☐ Delete |   |                          |                            |   |                            |                      | ☐ Change                       | Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | AS<br>ROJAS, N                       | MARCO E<br>KELL KEY DR STE    | 0-305               | ☐ Delete |   |                          |                            |   |                            |                      | ☐ Change                       | Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                      |                               |                     | ☐ Delete |   |                          |                            |   |                            |                      | ☐ Change                       | Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                      |                               |                     | □ Delete |   |                          |                            |   |                            |                      | ☐ Change                       | Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                      |                               |                     | ☐ Delete |   |                          |                            |   |                            |                      | ☐ Change                       | Addition |  |
|   |                                      |                               |                     |          | _   | i i                      |                            |   |                            |                      | _                              |          |  |

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90151 017 \*\*\*150.00



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

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 accuracy, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan A. Zuleta

4/28/2000

(305) 374-3800

Daytime Phone #