

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FLOMAR CORPORATION

P 96 000062400

FILED

02 JUL 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5901 NW 151 TH ST

Suite, Apt. #, etc.

3. Mailing Address

5881 N.W. 151 Street

Suite, Apt. #, etc.

115

City & State

MIAMI, FL

City & State

MIAMI LAKES FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0692735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OSCAR E. FLORES

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

5881 N.W. 151 ST Suite 115

City

MIAMI LAKES 1 FL

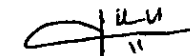
Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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



OSCAR E. FLORES

7/22/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	OSCAR FLORES
STREET ADDRESS	5901 NW 151TH ST
CITY - ST - ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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NAME	OSCAR FLORES
STREET ADDRESS	5881 N.W. 151 Street Suite 115
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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

SIGNATURE:



OSCAR FLORES 04-30-02

305-592-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

7/21/02