

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032133

1. Entity Name

FLOATO, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90032 033 ***150.00

Principal Place of Business

7160 WEST MCNAB ROAD
TAMARAC FL 33321

Mailing Address

7160 WEST MCNAB ROAD
TAMARAC FL 33321-5306

2. Principal Place of Business

3. Mailing Address

9555 W. MCNAB RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, Florida

Zip

Country

Zip

Country

33321

USA

4. FEI Number

65-0529097

65-0710102

Applied For

Not Applicable

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

LEGA, EVA
7160 WEST MCNAB ROAD
TAMARAC FL 33321

Name
MADELINE VALDES

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

9555 W. MCNAB ROAD

City

TAMARAC,

FL

Zip Code

33321

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

EVA Lega

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

(NOTE: Registered Agent signature required when reinstating)

4-18-00

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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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 Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
VALDES, MADELINE
9555 W MCNAB RD
TAMARAC FL 33321

☐ Delete

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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 #

4/18/00 934-726-8501

CR2E034 (9/99)