

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90223 043 \*\*\*150.00

**DOCUMENT # P97000055649**

1. Entity Name

**FLORA LANDSCAPING, INC.**

Principal Place of Business

2834 DELCREST CT.  
 ORLANDO FL 32817

Mailing Address

2834 DELCREST CT.  
 ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

616 W. Michigan St.

616 W. Michigan St.

City & State

City & State

Orlando FL

Orlando FL 32805

Zip

Country

Zip

Country

32805

U.S.A.

32805

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3454371

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

SAMAAN, HENRY JR.  
 434 WILD FOX DR.  
 CASSELBERRY FL 32707

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

Henry SAMAAN JR.

*[Signature]*

4/20/01

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, 2001 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 DP ☐ Delete  
 NAME SAMAAN, HENRY JR.  
 STREET ADDRESS 434 WILD FOX DR.  
 CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE DVST ☐ Delete  
 NAME SAMAAN, EVA A  
 STREET ADDRESS 434 WILD FOX DR.  
 CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*[Signature]*

Henry SAMAAN JR.

Date

Daytime Phone #

4/20/01 407-835-1711

CR2E034 (10/00)