2001 UNIFORM BUSINESS REPORT (UBR) APPROVED										
DOCUMENT.# P97000107329						AND FILED				
Tleurex International The						02 HAR 26 PM 2: 45				
Principal Place of Business Mailing Address Soo NE 18574 Street Ame						SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Miam; FL 33179										
2. Principal Place of Business		3. Mailing Address			\dashv $/$					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	FFI Number 813240	×	Applied For	e	
Zìp	Country	Zip	Cour	ntry	- 1	Certificate of Status Desired		Additional		
	. Name and Address of Current R	. 		Nome	7.	Name and Address of New Register	ed Agent		7	
AllARI	o Willems			Name			 		=	
15330	o Willems SWID Ten	race apt 919	γ	Street Addre	ss (P.O. B	Box Number is Not Acceptable)				
mian	m: FL 33196	City		City			Zip C	ode	\dashv	
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										
	11.2					DATE OF THE PROPERTY OF THE PR				
Tax filing requirement and elects to do so. After September 12			2001				i.00 May Be ded to Fees			
11.	OFFICERS AND D	IRECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	؍ ا	
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NAME STREET ADDRESS			NAME	ET ADDRESS		•				
CITY-ST-ZIP			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.										
C(1) = 1/1/1										
SIGNATUR		TED NAME OF SIGNING OFFICER OF	D DIDECT			7-2-02511=	~3-4	7		

Fleurex International Inc. 500 n.e 185th street Miami fl 33179

Re:Reinstating Fleurex International Inc.

Att:Isellers

To Whom It May Concern,

We would like to notify you, that we did not receive the previous form, which has to be send in to you with the payment of \$150.00

Our mailing address was previously 815 n homestead blvd, Homestead fl 33030. We changed our mailing address and therefore did not receive your form. We apologize for the inconvenience this may have caused and hope Fleurex can be reinstated again. Again thank you for your cooperation.

Sincerely
Allard willems.

Ollard Lillems

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In _

Will Pick Up

Havex International I	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
•	L.C. File
. 5€.	Fictitious Name File
	Trade/Service Mark
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PECEIVED 02 MAR 26 PM 2-1 FARTMENT OF STATI	RA Resignation
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	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
*	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by 2/2/2	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Time	LICC 11 Potrieval

Courier_