

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90153 018 ***150.00

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DOCUMENT # P98000073290

1. Entity Name
FLORAL DECO MANUFACTURERS, INC.



Principal Place of Business
**4705 NW 5TH AVENUE
POMPAÑO BEACH FL 33064**

Mailing Address
**4705 NW 5TH AVENUE
POMPAÑO BEACH FL 33064**

2. Principal Place of Business
213 NE 33 ST
Suite, Apt. #, etc.

3. Mailing Address
4705 NW 5TH AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
OKLAND PARK FL
Zip
33334
Country
Broward

City & State
POMPAÑO BEACH FL
Zip
33064
Country
Broward

4. FEI Number
65-0859261

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

MARTINEZ, WILLIAM
4705 NW 5TH AVENUE
POMPAÑO BEACH FL 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PYTD** ☐ Delete
NAME **MARTINEZ, WILLIAM**
STREET ADDRESS **4705 NW 5TH AVENUE**
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM MARTINEZ

Date

Daytime Phone #

04-24-03(954)-5683536

CR2E034 (10/02)