

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90394 038 ***150.00

DOCUMENT # P98000091885

1. Entity Name
M.I.A. FLORAL, INC.

Principal Place of Business
P O BOX 526932
MIAMI FL 33152

Mailing Address
P O BOX 526932
MIAMI FL 33152

2. Principal Place of Business
185 DRENNEN
 Suite, Apt. #, etc.
#303

3. Mailing Address
185 Drennen
 Suite, Apt. #, etc.
#303

City & State
ORLANDO

City & State
Orlando FL

Zip
FL

Country

Zip
32806

Country

4. FEI Number **65-0872543**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICARDAT, DALE L JR
7371 NW 35TH ST
MIAMI FL 33122

Name

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

185 DRENNEN #303

City

ORLANDO

FL

Zip Code

32806

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

05/01/01

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 **D** ☐ Delete
 NAME **PICARDAT, DALE L JR**
 STREET ADDRESS **P.O. BOX 6932**
 CITY-ST-ZIP **MIAMI FL 33152**

TITLE ☒ Change ☐ Addition
 NAME **185 DRENNEN #303**
 STREET ADDRESS **ORLANDO FL 32806**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01 321-276-3265

Date

Daytime Phone #

CR2E034 (10/00)