

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108132

1. Entity Name

FLORACOM, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90103 039 ***150.00

Principal Place of Business

700 NW 111TH PL
APT 3
MIAMI FL 33172

Mailing Address

700 NW 111TH PL
APT 3
MIAMI FL 33172-3789

2. Principal Place of Business

3. Mailing Address

853 SW 142 PL

853 SW 142 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

MIAMI Florida

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-0887107

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

GONZALEZ, ISOLINA
700 NW 111 PLACE
APT 3
MIAMI FL 33172

Name

Isolina Gonzalez

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

853 SW 142 PL

City

Miami

FL

Zip Code

33184

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

Isolina Gonzalez / Isolina Gonzalez / President

4/20/00

Signature, typed or printed name of registered agent and title, 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, 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 ☐ Delete
NAME D
STREET ADDRESS GONZALEZ, ISOLINA
CITY-ST-ZIP 700 NW 111 PLACE, APT 3
MIAMI FL 33172

TITLE ☒ Change ☐ Addition
NAME Director/President
STREET ADDRESS Isolina Gonzalez
CITY-ST-ZIP 853 SW 142 PL
Miami FL 33184

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Isolina Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004/0001