## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000000976 DOCUMENT # 03-28-2003 90079 005 \*\*\*150.00 1. Entity Name FLORAL SEASONS CORP. Principal Place of Business Mailing Address 4633 SW 11TH ST. 4633 SW 11TH ST. MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0892897 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COBB. HORTENSIA S Street Address (P.O. Box Number is Not Acceptable) 4633 SW 11TH ST. MIAMI FL 33134 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition COBB, HORTENSIA S NAME NAME 4633\_SW\_11TH\_ST.\_ STREET ADDRESS STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiving changed, or on an attachment address, with

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE NAME

☐ Delete

Daytime Phone #

Change

☐ Addition