2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2000 8:00 am Secretary of State DOCUMENT # P99000002566 1. Entity Name MARR'S GREEN AND FLORAL CORP. > DELETE 02-09-2000 90005 035 ***158.75 GREEN AND FLORAL INC Mailing Address Principal Place of Business 7778 W. 34TH LANE 7778 W. 34TH LANE SUITE 103 SUITE 103 **にらりてう**ぶっさ HIALEAH FL 33018-5042 HIALEAH FL 33018 3. Mailing Address 2. Principal Place of Business 5460 5460 West DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. -0-4. FEI Number 65-0899506 Applied For City & State LORIDA tialeck Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired -----Fee Required **BOAC** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENE KODRIGUEZ RODRIGUEZ, RENE Street Address (P.O. Box Number is Not Acceptable 5460 WEST 14 7778 W. 34TH LANE SUITE 103 HIALEAH FL 33018 Zip Code ううの12 Hiclean 8. The above named entity submits this statement for the purpose of changing egistered agent, or both, in the State of Florida. KENE KODRIGUEZ SIGNATURE L Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE PITIP Change ☐ Addition TITLE RODRIGUEZ RENE RODRIGUEZ, RENE NAME NAME STREET ADDRESS 5460 WEST IA COORT STREET ADDRESS 7778 W. 34TH LANE, SUITE 103 CITY-ST-ZIP Haleah, FLORIDA CITY-ST-ZIP HIALEAH FL 33018 VPIS D Change Addition Delete TITLE TITLE Robelguez. Maria elena RODRIGUEZ, MARIA ELENA NAME NAME 5460 WEST 14 COURT 7778 W. 34TH LANE, SUITE 103 STREET ADDRESS STREET ADDRESS CITY'ST-7IP~ HIALEAH FL-33018 CITY: ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 leport 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 of Justee 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 of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corp

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-2000 (305)-823-7474

Daytime Phone