

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028195

1. Entity Name
FLORAL SENSE, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 040 ***550.00

Principal Place of Business
6940 SOUTH WEST 156 COURT
MIAMI FL 33193

Mailing Address
6940 SOUTH WEST 156 COURT
MIAMI FL 33193

2. Principal Place of Business
2005 NW 70 Avenue
Suite, Apt. #, etc.

3. Mailing Address
16794 N. Kendall Drive
Suite, Apt. #, etc.
Suite #155

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0915006

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33196

Country
USA

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

6. Name and Address of Current Registered Agent

FERNANDEZ, ISMAEL
6940 SOUTH WEST 156 COURT
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name Ismael Fernandez
Street Address (P.O. Box Number is Not Acceptable)
7730 SW 19 St
City Miami FL Zip Code 33155

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 Ismael Fernandez President 8/23/00
Signature, typed or printed name of registered agent and title if 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE President ☐ Delete
NAME Ismael Fernandez
STREET ADDRESS 7730 SW 19 St
CITY-ST-ZIP Miami FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Ismael Fernandez 8/23/00 (305) 385-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00082011



DO NOT WRITE IN THIS SPACE