

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 010 ***150.00

DOCUMENT # P99000030771
1. Entity Name
HOFFEN CORPORATION
FOLIAGE & FLOWERS, INC.

Principal Place of Business **Mailing Address**
7401 FLAGLER STREET **PO BOX 403631**
SUITE 207 **MIAMI FL 33124** **PLS. CORRECT**
MIAMI FL 33124

2. Principal Place of Business **3. Mailing Address**
6946 Rue Vendome **P.O. BOX 403631**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite # 3
City & State **City & State**
Miami Beach, FL **Miami Beach, FL**
Zip **Country** **Zip** **Country**
33141 **Dade** **33140** **DADE**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BRAVO, GIULIANA L
6925 TROUVILLE ESPLANADE
MIAMI FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **-\$5.00 May Be**
Tax filing requirement and elects to do so. **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
☐ **Make Check Payable to Department of State** ☐

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | BRAVO, GIULIANA L | |
| STREET ADDRESS | 6925 TROUVILLE ESPLANADE | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | SOLIS, MARIANELLA L | |
| STREET ADDRESS | 9322 NE & 6TH AVENUE | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | MOLFINO, RICARDO | |
| STREET ADDRESS | 6925 TROUVILLE ESPLANADE | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Giuliana Bravo **4/29/02** **(305) 469-0490**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)