

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90173 016 \*\*\*150.00

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**DOCUMENT # P99000030771**

1. Entity Name  
**FOLIAGE & FLOWERS, INC.**



Principal Place of Business  
**6946 RUE VENDOME  
SUITE #3  
MIAMI BEACH FL 33141**

Mailing Address  
**PO BOX 403631  
MIAMI BEACH FL 33140**



2. Principal Place of Business  
**3621 SE 2nd Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Cape Coral, FL**  
Zip  
**33904** Country  
**LEE**

City & State  
City & State  
Zip  
Country

4. FEI Number **65-1003511**

Applied For  
Not Applicable

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

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 **Giuliana L. BRavo**  
Street Address (P.O. Box Number is Not Acceptable)  
**3621 SE 2nd Avenue**  
City **Cape Coral** FL Zip Code **33904**

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 **Giuliana Bravo**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**BRavo, GIULIANA L**  
**6925 TROUVILLE ESPLANADE**  
**MIAMI FL 33141** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**SOLIS, MARIANELLA L**  
**9322 NE & 6TH AVENUE**  
**MIAMI SHORES FL 33138** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**MOLFINO, RICARDO**  
**6925 TROUVILLE ESPLANADE**  
**MIAMI FL 33141** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Giuliana Bravo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 239-542-0921**  
Date Daytime Phone #

CR2E034 (10/02)