

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008644

1. Entity Name

CLASSICAL PLANT BROKERS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90074 006 ***150.00

Principal Place of Business

5295 S.W. 92ND AVENUE
MIAMI FL 33165

Mailing Address

~~5295 S.W. 92ND AVENUE~~
~~MIAMI FL 33165-0590~~

2. Principal Place of Business

3. Mailing Address

110 N.W. 32 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0890976

Applied For

Not Applicable

Zip

Country

Zip

Country

33125

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFFEY, MICHELLE L
C/O 17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

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

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 \$150.00
After MAY 1, 2000, Fee will be \$550.00.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	COFFEY, MICHELLE	
STREET ADDRESS	5295 S.W. 92ND AVENUE	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE MANUEL	
STREET ADDRESS	5295 S.W. 92ND AVENUE	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE L. COFFEY

2/16/00

Date

(305) 412-7600

Daytime Phone #

CR2E034 (9/99)