2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90001 041 ****61.25

0041499

DOCUMENT # 814109

1. Entity Name

MONTGOMERY BOTANICAL CENTER, INC.

Principal Place of Business	Mailing Address
11901 OLD CUTLER RD MIAMI FL 33156 US	11901 OLD CUTLER RD MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-6153649 ☐ Applied For ☐ Not Applicable

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
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, LOYD 11095 S.W. 53 AVENUE MIAMI FL 33156	☐ Delete	D Kelly, Loyd 11095 Lakeside Drive Coral Gables, Florida 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD HAYNES, WALTER D 327 PONTE VEDRA BLVD. PONTE VEDRA FL 32082	☐ Delete	D Charles P. Sacher 7341 SW 162 Street Miami, Florida 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, NICHOLAS 10200 SW. 55 AVENUE MIAMI FL 33156	☐ Delete	D Kelly, Nicholas 10200 Sabal Palm Avenue Coral Gables, Florida 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMILEY, KARL DR 9979 SW 52ND AVE MIAMI FL 33156	☐ Delete	PD Smiley, Karl Dr. 9979 Fairchild Way Coral Gables, Florida 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANZ, PETER 3410 N. BENT TREE POIN LECANTO FL 34461	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLAMY, JEANNE 2718 SECOVIA ST CORAL GABLES FL 33134	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: Terrence Walters REQUIRED Terrence Walters 2/4/01 305 667 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #