

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10160 (6)

1. Corporation Name

UNIVERSAL PLANT SHIPPERS, INC.

Principal Place of Business

10800 BISCAYNE BLVD.
SUITE 810
N. MIAMI BEACH, FL 33161

Mailing Address

10800 BISCAYNE BLVD.
SUITE 810
N. MIAMI BEACH, FL 33161

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HOROWITZ, JERRY D I.
9200 S. DADELAND BLVD.
SUITE 405
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2660162

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person making statement (if not the officer or director)

Signature of officer or director making statement (if not the person making statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARQUEZ, LIONEL
STREET ADDRESS 19195 MYSTIC PT DR
CITY, ST, ZIP N. MIAMI BEACH FL

TITLE TD
NAME REMEDIOS, MARLEN
STREET ADDRESS 3581 S.W. 117TH AVE.
CITY, ST, ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

TD
Diane Friedman
940 NW 104th Ave
Pembroke Pines FL 33026

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

(305)

Before Public

CR2E034 (12/95)

2 11625 RECEIVED 74536

\$ 208.25

