FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10160 1. Corporation Name

UNIVERSAL PLANT SHIPPERS, INC.



158.75

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90072 023 ***158.75



Principal Place of Business	Mailing Address		
10800 BISCAYNE BLVD.	10800 BISCAYNE BLVD.		
SUITE 818 WYO	SUITE 810. LLU		DO NOT WRITE IN THIS SPACE
N. MIAMI BEACH, FL 33161	N. MIAMI BEACH. FL 33161		3. Date Incorporated or Qualifed
			04/21/1986
	2a. Mailing Address		4. FEI Number Applied For
2. Principal Place of Bushess		une Blub	59-2660162 Not Applicable
21 10800 Biscayne Blue	Suite, Apt. #, etc.	7	\$8.75 Additional
Suite, Apt. #, etc.	27 #440		5. Certificate of Status Desired Fee Required
City & State			6. Election Campaign Financing \$5.00 May Be
City & State 23 N. M. Am\ F1	28 N. Mam, F	-1	Trust Fund Contribution Added to Fees
23 10 1 (711		ountry	8. This corporation owes the current year Intangible
うざついん ロー・	33/6/ 30		Personal Property Tax.
24 33 10 25 9. Name and Address of Current			10. Name and Address of New Registered Agent
5. Name and Address of Correct		81 Name	(
HOROWITZ, JERRY		20 21 11 11	onel marque 2 ress (P.O. Box Number is Not Acceptable)
9200 S. DADELAND BLVD.		ress (P.O. Box Number is Not Acceptable) Blud #440	
SUITE 405		83	
			- 85 Zig Code
		84 City . N	1. Am 1 FL 33161
	2 1 007 1509 Florida Statutes the	above-named corp	to the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.			
agent. I am familiar with, and accept the obliga	tions of Section 607,0505, Florida Si	tatutes.	aver Pros 1-2-99
DICHATIGE & L	a von	SOM WOOD	ed when reinstating) DATE
Signature, typed or printed name or registered agent and their inspiration of the signature			
	ID DIRECTORE		Change Addition
TITLE PD		2 NAME	arquez Lionel Blud +440
NAME MARQUEZ, LIONEL		3 STREET ADDRESS	10800 BISCOYNE BIVE
STREET ADDRESS 19195 MYSTIC PT DR		4 CITY-ST-ZIP	12.M.am, P1 3316
CITY-ST-ZIP N. MIAMI BEACH FL			Change Addition
TITLE TD	\mathcal{N}		' in the transfer of the trans
NAME FRIEDMAN, DIANE	·	3 STREET ADDRESS	10500 BIS COYNE BIND \$440
STREET ADDRESS 940 NW 104TH AVE		2.4 CITY-ST-ZIP	N.M.AMI Pl 33161
CITY-ST-ZIP PEMBROKE PINES FL		2.4 CHT-31-20F	Change Addition
TITLE	_	3.2 NAME	
NAME	.		
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE	_		_
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 Crity-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE 5.2 NAME	
NAME	•	5.3 STREET ADDRESS	·
STREET ADDRESS		Į.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE	OLCETE	l l	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	Ţ,	6.4 CITY-ST-ZIP	2 - 410 07/2Vi) Florido Statutes I further certify that the information

14. 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 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 antiress, with all other like empowered.

SIGNATURE: