

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 10160

1. Entity Name
Universal Plant Shippers Inc

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90001 034 ***158.75

Principal Place of Business
10800 Biscayne Blvd
Suite 440
N. Miami, FL 33161

Mailing Address
10800 Biscayne Blvd
Suite 440
N. Miami, FL 33161

2. Principal Place of Business
10800 Biscayne Blvd
Suite, Apt. #, etc.
440
City & State
N. Miami Florida
Zip
33161
Country
USA

3. Mailing Address
10800 Biscayne Blvd
Suite, Apt. #, etc.
440
City & State
N. Miami, Florida
Zip
33161
Country
USA

4. FEI Number
59-2660162
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Lionel M. Marquez
10800 Biscayne Blvd #440
North Miami Florida 33161

7. Name and Address of New Registered Agent
Name
Lionel M. Marquez
Street Address (P.O. Box Number is Not Acceptable)
10800 Biscayne Blvd #440
City
N. Miami FL Zip Code
33161

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] Pres Lionel M. Marquez 4-10-00
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		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<u>Lionel Marquez</u>	
STREET ADDRESS	<u>116 Gaudin Ave</u>	
CITY-ST-ZIP	<u>Coral Gables FL 33143</u>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<u>Diane Friedman</u>	
STREET ADDRESS	<u>940 NW 104th Ave</u>	
CITY-ST-ZIP	<u>Pembroke Pines FL</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Lionel M. Marquez III</u>	
STREET ADDRESS	<u>116 Gaudin Ave</u>	
CITY-ST-ZIP	<u>CORAL Gables, FL 33143</u>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Blake Ladewhem</u>	
STREET ADDRESS	<u>10800 Biscayne Blvd #440</u>	
CITY-ST-ZIP	<u>N. Miami FL 33161</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] Lionel M. Marquez Pres 4-10-00 305 892-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

J10160
D0033504

UNIVERSAL PLANT SHIPPER INC
10800 BISCAYNE BLVD
STE 440
N MIAMI BCH, FL 33161

Request taken by: yfisher
02-28-2000

The forms you recently requested from this office are:

(2) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314