

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J10160**

1. Entry Name
UNIVERSAL PLANT SHIPPERS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90118 030 ***150.00

Principal Place of Business

**10800 BISCAYNE BLVD.
440
N. MIAMI BEACH, FL 33161**

Mailing Address

**10800 BISCAYNE BLVD.
440
N. MIAMI BEACH, FL 33161**

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 **59-2660162**

Applied for
Not Applicable

5. Certificate of Status Des rec ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, LIONEL
1080 BISCAYNE BLVD
#440
N. MIAMI FL 33161**

Name

Street Address (P.O. Box Number is Not Accepted)

City

State

Zip Code

8. The above named entry 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 (typed/printed)

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

TIME NOWIN FEE IS \$150.00
After MAY 1, 2001 Fee will be \$520.00
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

TITLE ☐ Delete
NAME **PD MARQUEZ, LIONEL III**
STREET ADDRESS **116 GAULAN AVE**
CITY-STATE-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **TD LADENHEM, BLACKE**
STREET ADDRESS **10800 BISCAYNE BLVD #440**
CITY-STATE-ZIP **N. MIAMI FL 33161**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

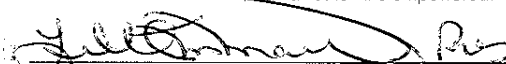
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-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

4-26-01 305 890-8182
Date Original Filing

CH2F034 (10.00)