2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90118 030 ***150.00

DOCUMENT # J10160

1. Entity Name
UNIVERSAL PLANT SHIPPERS, INC.

Principal Place of Business	Mailing Address
10800 BISCAYNE BLVD. 440 N. MIAMI BEACH, FL 33161	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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2660162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City / 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

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

FIVE (DOWN) FEE IS $150.00
After MAY 1, 2001 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	☐ Delete
NAME	MARQUEZ, LIONEL III	
STREET ADDRESS	116 GAUILAN AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	TD	☐ Delete
NAME	LADENHEM, BLACKE	
STREET ADDRESS	10800 BISCAYNE BLVD #440	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 Date
305 892-8182 Daytime Phone #