

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90359 005 ***150.00

DOCUMENT # K36555

1. Entity Name

KROME AVENUE TREE FARM, INC.

Principal Place of Business

**15195 SW 192 ST.
 MIAMI FL 33187**

Mailing Address

**15195 SW 192 ST.
 MIAMI FL 33187**

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

65-0086905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANDLER, MYRON
 4020 SHERIDAN STREET, SUITE C
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 11

TITLE **P** ☐ Delete
 NAME **KAPLAN, DAVID**
 STREET ADDRESS **15195 SW 192 ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
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 STREET ADDRESS
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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:

DAVID KAPLAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02
 Date

(305) 255-4533
 Telephone No.

CR2E034 (4/02)

Attachment K86888
120996

Re: Krome Avenue Tree Farm
65-0086905

I have been advised to write this letter along with my annual payment. Our mail has been pilfered and stolen on numerous occasions. Your first correspondence was never received. Thank You for your services

Sincerely
Daryl K