

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39256

1. Entity Name

PLANTS OF EDEN, INC.

Principal Place of Business

18800 SW 240 ST
HOMESTEAD FL 33031

Mailing Address

18800 SW 240 ST
HOMESTEAD FL 33031

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LUE, JOSEPH E.
18800 S.W. 240TH STREET
HOMESTEAD FL 33031

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.

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 \$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	DP	<input type="checkbox"/> Delete
NAME	LUE, JOSEPH E.	
STREET ADDRESS	18805 N.E. 10TH AVE.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, DEBRA A.	
STREET ADDRESS	18805 N.E. 10TH AVE.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LEE, STEPHEN M.	
STREET ADDRESS	18805 N.E. 10TH AVE.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN S	
STREET ADDRESS	2261 NW 161 ST TER	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1760 NW 17 th ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1760 NW 17 th ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH E. LUE

4-19-01

Date

305 248 4756

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90107 038 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)