

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42178

1. Entity Name

THE PLANT GALLERY CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90109 032 ***150.00

Principal Place of Business

Mailing Address

15901 S.W. 218TH AVE.
 MIAMI FL 33187

15901 S.W. 218TH AVE.
 MIAMI FL 33187-5746

2. Principal Place of Business

3. Mailing Address

8484 SW 8 STREET

8484 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33144

Zip

Country

33144

4. FEI Number

59-2798813

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUELI, OSLAIDA
 15901 S.W. 218TH AVE.
 MIAMI FL 33187

Name Osvaldo Cueli

Street Address (P.O. Box Number is Not Acceptable)
 15901 SW 218 AVE

City Miami

FL

Zip Code 33187

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: OSLAIDA Cueli

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Delete
 NAME CUELI, OSLAIDA
 STREET ADDRESS 15901 SW 218 AVE
 CITY-ST-ZIP MIAMI FL

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

TITLE VS ☒ Delete
 NAME CUELI, OSVALDO
 STREET ADDRESS 15901 SW 128 AVE
 CITY-ST-ZIP MIAMI FL

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

TITLE President ☐ Delete
 NAME Cueli, Osvaldo
 STREET ADDRESS 15901 SW 218 AVE
 CITY-ST-ZIP MIAMI FL

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

TITLE Vice President ☐ Delete
 NAME Cueli, Oslaida
 STREET ADDRESS 15901 SW 218 AVE
 CITY-ST-ZIP MIAMI FL

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

TITLE Secretary/Treasurer ☐ Delete
 NAME Cueli, Concepcion
 STREET ADDRESS 15901 SW 218 AVE
 CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Osvaldo Cueli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

305-264-4408

CR2E034 (9/99)