

2/21

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2001 8:00 am
Secretary of State

02-21-2001 90059 039 ***150.00

DOCUMENT # M42178

1. Entity Name

THE PLANT GALLERY CORPORATION

Principal Place of Business

Mailing Address

8484 SW 8 ST
MIAMI FL 331448484 SW 8 ST
MIAMI FL 33144

2. Principal Place of Business

12948 S.W. 133 CT.

3. Mailing Address

12948 S.W. 133 CT.

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

59-2798813

Applied For

Not Applicable

Zip

33186

Country

U.S.A.

Zip

33186

Country

USA

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

DO NOT WRITE IN THIS SPACE

30970



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

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 State10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteP
CUELI, OSVALDO
15901 SW 218 AVE
MIAMI FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteVP
CUELI, OSVALDO
15901 SW 218 AVE
MIAMI FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteST
CUELI, CONCEPCION
15901 SW 218 AVE
MIAMI FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP ☒ Change ☐ AdditionCUELI, OSLAIDA
15901 SW 218 AVE
MIAMI, FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE 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:

OSLAIDA CUELI, V.P.

2/16/2001

786-293-9071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)