2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

M42178 **DOCUMENT #**

1. Entity Name

Principal Place of Business

THE PLANT GALLERY CORPORATION



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90315 050 ***150.00

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MIAMI FL 33186			MIAM	MIAMI FL 33186							
2. Principal Place of Business			2 Mai	3. Mailing Address							
2. Principal Place of Business			J. Mai	G. Maining Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
cond, the at old								CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number	<u>_</u>	Applied For	
•		1					59-2798813		Not Applicable		
Zip	Country		Zip		Coun	Country		Contisionts of Status Continued	\$8.75	dditional	
								5. Certificate of Status Desired Fee Required			
	6. Name and	Address of Current	Registere	d Agent			7.	Name and Address of New Register	ed Agent		
						Name					
CUELI, 09	Slaida	Stree			Street Add	Address (P.O. Box Number is Not Acceptable)					
15901 S.W	V. 218TH AVE.				Sileet Address (1.0. box Number is Not Acceptable)						
MIAMI FL	33187							·			
11111 WILL C	00.01							17:0			
						City		F	Zip Co	ode	
8. The above	named entity sub-	mits this statement fo	r the purp	ose of changing its i	register	ed office or re	gistered ag	gent, or both, in the State of Florida. I a	am familiar wit	h, and accept	
the obligat	tions of registered	agent.									
SIGNATURE .	Signature, typed or print	ed name of registered agent a	and title if app	licable, (NOTE	Registere	d Agent signature r	equired when r	reinstating) DAT	re		
	II E NOWIII EE	E IS 6150.00									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing		.00 May Be	
		ida Department of	State					Trust Fund Contribution.	∐ Add	led to Fees	
10.		OFFICERS AND		De	11.		10	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 11	
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CITY-ST-ZIP	MIAMI FL	AVE				-ST-ZIP					
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CITY-ST-ZIP	MIAMI FL	AVE				-ST-ZIP					
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NAME STREET ADDRESS					NAMI STRE	ET ADDRESS					
CITY-ST-ZIP						ST-ZIP					
	entify that the infe-	mation cupalisate with	this filine	does not suclify for			in Coatin-	119.07/3\/i) Florida Statutas I further	portification about	information	

I nereby ceruly that the information supplied with this filling does ast 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 of frusted empoweed tolevacture his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #