

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90052 039 ***158.75

DOCUMENT # P01000050960



1. Entity Name
HOMESTEAD PLANTS, INC.

Principal Place of Business
**16230 S.W. 248 STREET
HOMESTEAD FL 33031-2004**

Mailing Address
**PO BOX 924662
PRINCETON FL 33092-4662**



2. Principal Place of Business

3. Mailing Address

11250 S.W. 244 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead, Florida

City & State

City & State

Zip

Country

Zip

Country

33032

4. FEI Number **65-1111442**

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

**TAYLOR, OCTAVIO
5666 SW 130TH AVE
MIAMI FL 33183**

Name

Octavio Taylor

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

11250 S.W. 244 Terr

Homestead

City

FL

Zip Code

33032

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

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

Octavio Taylor - President

January 6, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **TAYLOR, OCTAVIO**
STREET ADDRESS **PO BOX 924662**
CITY-ST-ZIP **PRINCETON FL 33092-4662**

TITLE **DPT** ☒ Change ☐ Addition
NAME **Taylor, Octavio**
STREET ADDRESS **11250 S.W. 244 Terr**
CITY-ST-ZIP **Homestead, FL 33032**

TITLE **D** ☐ Delete
NAME **QUINTANILLA, ISAAC**
STREET ADDRESS **PO BOX 924662**
CITY-ST-ZIP **PRINCETON FL 33092-4662**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Octavio Taylor* **Octavio Taylor - President Jan. 6, 2003 (305) 258-4768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)