FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 09, 2002 8:00 am Secretary of State

03-05-2002 90319 001 ***317.50

DOCUMENT # PO 10000 70915

PLANT SOLUTIONS SOUTH, INC

DO NOT WRITE IN THIS SPACE			38219
2. Principal Place of Business 6/62、SouThWeST /パをAvo Suite, Apt. #, etc.	3. Mailing Address 733 Hypol	uxo Taras Rd	DO NOT WRITE IN THIS SPACE
City & State MIAMI FL	City & State LakeWorTh	FL	4. FEI Number Applied For Not Applicable
^{Zip} 33/83 Country	33463	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		Street Address 1840: 44 FL	elt UTrera P.A. (P.O. Box Number is Not Acceptable) Southwest 22 Street Bor FL 710 Code 33/45
8. The above named entity submits this statement for	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature require	ed when renstaling) DATE
9. This corporation is eligible to satisfy its imangible Tax filing requirement and elects to do so. (See criteria on back)	After May Amended	ay 1 Fee is \$150.00 1 Fee is \$550.00 1 UBR is \$61.25 lie to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND	and the second s		
TITLE PTD MARE STREET ADDRESS CITY-ST-ZIP TITLE PTD MARQUEZ, LION 6162 SOUTHWEST HIAMI FL 33,	eLM 1187h Aveduc 183	E STREET ADDRESS OTTV-ST: ZIP.	PZENZAR 11210
NAME OTERO, ORIANDO STREET ADDRESS 6/62 SOUTHWE CITY-ST-ZIP MIANI FL 33/8	ST ,187h Aden4 33	NAME	
NAME STREET ADDRESS CITY-ST-ZIP MINMIFL 3 D OTERO, OTIANDO OTIANDO MINMIFL 33	OTERO, OrlANDO LIST AVENUE		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THLE NAME STREET ADORESS CHY ST-7/P	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST- ZIP		TITLE NAME STREET ADDRESS CITY: ST 2IP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		HILE NAME STREET ADDRESS CITY: ST-21P	Section 119.07(3)(i), Florida Statutes, I further certify that the information

I nereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

26/1642-9600

Attachment

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PLANT SOLUTIONS, INC. DBA PLANT SOLUTIONS 7333 HYPOLUXO FARMS RD. LAKE WORTH, FL 33463 (561) 642-9600 EQUITABLE BANK NORTH MIAMI BEACH, FL 43162 $1\,6\,2\,9\,1$

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2/20/2002

PAY TO THE ORDER OF

Department of State

\$ **317.50

Three Hundred Seventeen and 50/1004

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Division of Corporations Annual Reports Filings P.O.Box 1500 Tallahasse, Fl. 32302-1500

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