

P03 000048517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

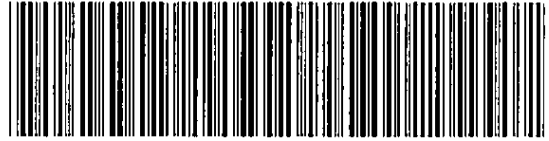
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900419283849

12/04/23--01001--006 \*\*35.00

RECEIVED  
2023 DEC -1 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL STATE PLANTERS NURSERY BROKER, INC  
Name of Corporation

**DOCUMENT NUMBER:** P03000048517

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAUREEN LOPEZ

Name of Contact Person

ALL STATE PLANTERS NURSERY BROKER, INC

Firm/Company

16622 SW 114 CT.

Address

MIAMI, FL 33157

City/State and Zip Code

plantersbroker@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAUREEN LOPEZ

Name of Contact Person

at ( 305 ) 494-4373

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

ALL STATE PLANTERS NURSERY BROKER, INC

Name of Corporation as currently filed with the Florida Dept. of State

P03000048517

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES: I, II, VI, VII

(Document Type Being Corrected)

filed with the Department of State on 04/30/2003

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name of the corporation: I-ALL STATE PLANTERS BROKER INC

Principal and mailing address: II- 12758 SW 17TH TERRACE MIAMI FL 33175

Name and address of the incorporator is: VI: RICARDO L LOPEZ

Initial officer: VI: Title P RICARDO L LOPEZ 12758 SW 17 TERRACE MIAMI FL 33175 US

Title PV MAYDA HAYES 12758 SW 17 TERRACE MIAMI FL 33175 US

Correct the inaccuracy, incorrect statement, or defect:

Name of the corporation: I-ALL STATE PLANTERS NURSERY BROKER INC

Principal and mailing address: II- 16622 SW 114CT MIAMI FL 33157

Name and address of the incorporator is: VI: MAUREEN LOPEZ

Initial officer: VI: Title P MAUREEN LOPEZ 16622 SW 114CT MIAMI FL 33157



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MAUREEN LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00