

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000080093**

1. Entity Name

**L + P GARDEN inc**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90036 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**567 NW 107 St Miami  
FL 33168**

2. Principal Place of Business

**1212 NE 12th Street**

3. Mailing Address

**567 NW 107 Street**

Suite, Apt. #, etc.

**North Miami**

Suite, Apt. #, etc.

**miami Fla.**

City & State

**miami Fla.**

Zip

Country

**33168**

Zip

Country

**FL**

4. FEI Number

**0930000000**

Applied For

Not Applicable

5. Certificate of Status Desired

**65-0449443**

**\$875 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCKNER BRUNO**  
**N/A 195 NW 71 Street**  
**miami Fla. 33150**

Name

**Patricia Ann Bruno**

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

**195 NW 71 Street**

City

**miami**

**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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	<b>LUCKNER BRUNO</b>
STREET ADDRESS	<b>PRESIDENT 567 NW 107 Street</b>
CITY-ST-ZIP	<b>miami</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>Vice President</b>
STREET ADDRESS	<b>Patricia Ann Bruno</b>
CITY-ST-ZIP	<b>567 NW 107 Street Miami</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **LUCKNER BRUNO** **3-20 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)