

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081174

1. Entity Name

PALMS & TROPICAL TREES DEPOT, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90048 032 ***158.75

Principal Place of Business

Mailing Address

5830 DAVIE RD
DAVIE FL 33314

5830 DAVIE RD
DAVIE FL 33314-7114

2. Principal Place of Business

3. Mailing Address

2800 S. FLAMINGO ROAD
Suite, Apt. #, etc.

2800 S. FLAMINGO ROAD
Suite, Apt. #, etc.

City & State
DAVIE, FL.

City & State
DAVIE, FL.

Zip
33330

Country
BROWARD

Zip
33330

Country
BROWARD

4. FEI Number 65-0551054

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

ZAFRANI, ABRAHAM
5830 DAVIE RD.
DAVIE FL 33314

Name
ABRAHAM ZAFRANI
Street Address (P.O. Box Number is Not Acceptable)
2800 S. FLAMINGO ROAD
City
DAVIE FL Zip Code
33330

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ZAFRANI, ABRAHAM
5830 DAVIE RD
DAVIE-FL-33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ABRAHAM ZAFRANI
2800 S. FLAMINGO ROAD
DAVIE, FL. 33330 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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CITY-ST-ZIP
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (954) 452-6000
Date Daytime Phone #

CR2E034 (9/99)