

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056465

1. Entity Name

R.C. PLANTS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

011-75

01-17-2001 90088 007 ***150.00

603244



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
16343 S.W. 256 STREET HOMESTEAD FL 33031		16343 S.W. 256 STREET HOMESTEAD FL 33031	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>RALPH COLON 16343 SW 256TH ST HOMESTEAD FL 33031</p>			
7. Name and Address of New Registered Agent			
<p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____ Zip Code _____</p>			

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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D COLON, RALPH 16343 S.W. 256TH ST. HOMESTEAD FL 33031</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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: *R.C. PLANTS, INC.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)