2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000017664 **DOCUMENT#**

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

PLANTS OF WONDER CORPORATION				03-17-2003 90482 013 ***150.00		
Principal Pla 19155 S.W. 2 MIAMI FL 331		Mailing Address 19155 S.W. 216 STREET MIAMI FL 33170		- In the second of the second		
				HARIARA NO INDE NUMERONI AND AND AND AND AND	UBUT 18446 BULLA BUTT BURL LAAL	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_		
City & State				☐ CHECK HERE IF MAKING CHANGES		
City & Sta	<u> </u>	City & State		4. FEI Number 65-0650153	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered	Fee Required	
HIADET I	E7EAI NEI		Name		.gom	
JUAREZ, EZEQUIEL 19155 S.W. 216 STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL	33170		-			
			City	FL	Zip Code	
8. The above the obligat	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE .	Convint	Lores				
-	Signature, typed or printed name of register and	gold and title if applicable. (NOTI	E: Registered Agent signature requ	ired when reinstating) DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	00 It of State	~~ ·	9. Election Campaign Financing — Trust Fund Contribution.	\$5:00 May Be Added to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
I	P Juarez, Ezequiel	☐ Delete	TITLE NAME	• • • • • • • • • • • • • • • • • • • •	☐ Change ☐ Addition	
STREET ADDRESS	19155 W. 216 ST. MIAMI FL		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME		Change C Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	-	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		ì	NAME STREET ADDRESS	*		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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CITY-ST-ZIP		· 	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
TREET ADDRESS			NAME STREET ADDRESS			
ITY-SI-ZIP			CITY-ST-ZIP			
ITLE	<u></u>	☐ Delete	TITLE		☐ Change ☐ Addition	
TREET ADDRESS			NAME STREET ADDRESS			
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
of the corpo	pration or the receiver or trustee em or on an attachment with an address	nowered to execute this report of	s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath; that I arm 7, Florida Statutes; and that my name appears in E	that the information an officer or director block 10 or Block 11 if \$4 - 0889.	

SIGNATURE:

<u>03-09-03. (305) 323-2803</u>