

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037803

1. Entity Name

PLANTMANIA NURSERY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90032 045 ***150.00

Principal Place of Business

Mailing Address

22690 SOUTHWEST 207 AVENUE
 MIAMI FL 33170

22690 SOUTHWEST 207 AVENUE
 MIAMI FL 33170-4843

2. Principal Place of Business

3. Mailing Address

1071 SW 139th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI, FL

4. FEI Number

65-0669057

Applied For

Not Applicable

Zip

Country

Zip

Country

33184

USA

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

DUQUE, LUIS H
 22690 SOUTHWEST 207 AVENUE
 MIAMI FL 33170

A. 3777
 1-17-00
 \$100.

Name

DUQUE, LUIS H.

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

1071 SW 139th COURT

City

Miami

FL

Zip Code

33184

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 time 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S	TITLE	VP
NAME	DUQUE, LUIS H	NAME	DUQUE, BERTAE.
STREET ADDRESS	22690 SOUTHWEST 207 AVENUE	STREET ADDRESS	1071 SW 139th COURT
CITY-ST-ZIP	MIAMI FL 33170	CITY-ST-ZIP	MIAMI, FL 33184
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	VP
NAME	DUANE, BERTA	NAME	DUQUE, BERTAE.
STREET ADDRESS	22690 SOUTHWEST 207 AVENUE	STREET ADDRESS	1071 SW 139th COURT
CITY-ST-ZIP	MIAMI FL 33170	CITY-ST-ZIP	MIAMI, FL 33184
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)