

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0157452 FP

FILED

03 AUG -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037803**



1. Entity Name
PLANTMANIA NURSERY, INC.

Principal Place of Business
**22690 SOUTHWEST 207 AVENUE
MIAMI FL 33170**

Mailing Address
**1071 SW 139TH CR
MIAMI FL 33124**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0669057**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUQUE, LUIS H
1071 SW 139TH COVER
MIAMI FL 33184**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **S DUQUE, LUIS H**
STREET ADDRESS **1071 SW 139TH COVER**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE Change Addition
NAME **100022164881**
STREET ADDRESS **08/08/03--01029--002**
CITY-ST-ZIP ****150.00**

TITLE Delete
NAME **VP DUQUE, BERTA**
STREET ADDRESS **1071 SW 139TH COURT**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **Ch. 8842**
STREET ADDRESS **7-14-03**
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **\$170.00**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03 (305)
247-4424
Date Daytime Phone #

CR2E034 (4/03)

PLANTMANIA NURSERY, INC.
22690 S.W. 207 AVE.
Miami, Florida 33170

7-14-03

RE: 2003 UNIFORM BUSINESS REPORT

To whom it may concern:

Through this note I want to clarify that we didn't received this years 2003 UBR Report.

I just noticed after reading your late notice statement.

Since I don't have the new one, I'm attaching the old report with the check for the total amount (\$150.00).

We are so sorry for the inconvenience.

Thank you in advance for yor understanding

Truly yours,



Berta E. Duque
Vice-Director

My mailing address:

Berta E. Duque
1071 S.W. 139 Ct
Miami, FL 33184