

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000003145**

1. Entity Name

GARDEN DEPOT CORP.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90124 044 ***150.00

Principal Place of Business

**19200 SW 216 ST.
MIAMI FL 33170**

Mailing Address

**19200 SW 216 ST.
MIAMI FL 33170-1214**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0773530

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

**RODRIGUEZ, DANIEL M
19200 SW 216 ST.
MIAMI FL 33170**

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.

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERTO	
STREET ADDRESS	19200 SW 216 ST.	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ESTEBAN	
STREET ADDRESS	16451 NW 84 AVE.	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMALLO, ANA T	
STREET ADDRESS	13184 SW 19 TER.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL M	
STREET ADDRESS	10621 SW 66 TER.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 286-412-7121