## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P97000034341 1. Entity Name R PLANTS, INC. 01-23-2001 90052 013 \*\*\*150.00 Principal Place of Business Mailing Address 1840 W 49TH ST 1840 W 49TH ST **SUITE # 404** 1 មក្តុម **SUITE # 404** HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0760381 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, VICTOR JR Street Address (P.O. Box Number is Not Acceptable) 1840 W 49TH ST **SUITE # 404** HIALEAH FL 33012 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME RODRIGUEZ, VICTOR JR NAME 14747 5.W. 260 STREET STREET ADDRESS -0223-SW-131-CT-#202-STREET ADDRESS HOMESTEAD, FL. 33032 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Addition **X** Change Delete TITLE TITLE RODRIGUEZ, VICTOR SR NAME NAME 14747 S.W. V60 STREET STREET ADDRESS STREET ADDRESS HOHESTEAD, PL. 330V CITY-ST-ZIP CITY-ST-ZIP EMIAMI FL 33183 TITLE Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME DDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

VICTOR RODRIGUEZ JR-PRESIDENT SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP