

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90101 032 ***150.00

DOCUMENT # **P97000034341**

1. Entity Name
R PLANTS, INC.



Principal Place of Business

~~1840 W 49TH ST~~
~~SUITE # 404~~
~~MIAMI FL 33012~~

Mailing Address

~~1840 W 49TH ST~~
~~SUITE # 404~~
~~MIAMI FL 33012~~

2. Principal Place of Business

1200 NW 78 AVENUE
Suite, Apt. #, etc.
216

3. Mailing Address

1200 NW 78 AVENUE
Suite, Apt. #, etc.
216

City & State
MIAMI, FL

Zip
33126

Country

City & State
MIAMI, FL

Zip
33126

Country

4. FEI Number **65-0760381**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RODRIGUEZ, VICTOR JR
~~1840 W 49TH ST~~
~~SUITE # 404~~
~~MIAMI FL 33012~~

PAID
CK. NO. **10397**
DATE **01/29/03**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1200 NW 78 AVENUE
STE. #216
City **MIAMI** FL Zip Code **33126**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **DP** ☐ Delete
NAME **RODRIGUEZ, VICTOR JR**
STREET ADDRESS **14747 SW 260 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE ~~DVP~~ ☒ Delete
NAME ~~RODRIGUEZ, VICTOR SR~~
STREET ADDRESS ~~14747 SW 260 STREET~~
CITY-ST-ZIP ~~HOMESTEAD FL 33032~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 **VICTOR RODRIGUEZ JR** **1/23/2003** **9701603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)