

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91239 031 ***150.00

DOCUMENT # **P97000066367**
 1. Entity Name **the GARDENERS, INC.**

Principal Place of Business Mailing Address
3450 SW 97th AVENUE
MIAMI, FLORIDA. 33165

2. Principal Place of Business 3. Mailing Address
3450 SW 97th AVE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL

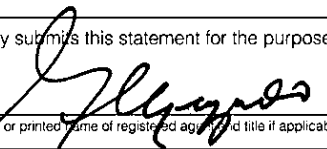
Zip Country Zip Country
33165 Dade

4. FEI Number **65-0819202** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Aner Marrero
3450 SW 97 AVENUE
MIAMI FL 33165

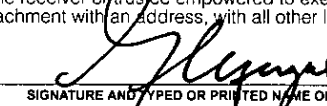
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  **4-19-01**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME President: Aner Marrero	
STREET ADDRESS		STREET ADDRESS 1891 SW 36 AVE MIAMI	
CITY-ST-ZIP		CITY-ST-ZIP Florida 33145	
TITLE	<input type="checkbox"/> Delete	TITLE V.P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME VicePresident: Marcos Urra	
STREET ADDRESS		STREET ADDRESS 820NW 87 AVE # 402	
CITY-ST-ZIP		CITY-ST-ZIP MIAMI, FL. 33172	
TITLE	<input type="checkbox"/> Delete	TITLE O.H.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME Operation Manager: Ramiro Torres	
STREET ADDRESS		STREET ADDRESS 3450 SW 97 AVENUE	
CITY-ST-ZIP		CITY-ST-ZIP MIAMI FL 33165	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **4-19-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)