

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003963

1. Entity Name

PRO-GARDENERS COMPANY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90842 027 ***150.00

Principal Place of Business

Mailing Address

301 HIBISCUS AVE. #3
POMPANO BEACH FL 33062

301 HIBISCUS AVE. #3
POMPANO BEACH FL 33062-5516

2. Principal Place of Business

3. Mailing Address

5215 NW 77th COURT
Suite, Apt. #, etc.
POMPANO BEACH, FL
City & State

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

33073 USA

4. FEI Number 65-0805732

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

SILVA, HEROS
301 HIBISCUS AVE, #3
POMPANO BEACH FL 33062

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	PTD	<input type="checkbox"/> Delete
NAME	SILVA, HEROS	
STREET ADDRESS	301 HIBISCUS AVE, #3	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SOUSA, LILIANE	
STREET ADDRESS	301 HIBISCUS AVE, #3	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5215 NW 77 th COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33073	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5215 NW 77 th COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33073	
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 #

3/2/2000

(954) 571-2107

954-784-1306

CR2E034 (9/99)