

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90036 031 \*\*\*150.00

DOCUMENT # P99000002990

1. Entity Name

ASHLEE TROPICAL FOLIAGE, INC.

Principal Place of Business

Mailing Address

19945 S.W. 264TH STREET  
HOMESTEAD FL 33031

19945 S.W. 264TH STREET  
HOMESTEAD FL 33031-1659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900639

5. Certificate of Status Desired ☐

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRACHER, DOUGLAS J  
317 NORTH KROME AVENUE  
HOMESTEAD FL 33030

Name

DAVID GARCIA

Street Address (P.O. Box Number is Not Acceptable)

19945 SW 264 Street

City

Homestead

FL

Zip Code

33031

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  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARCIA, DAVID  
19945 SW 264TH STREET  
HOMESTEAD FL 33031 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARCIA, SUSAN  
19945 S.W. 264TH STREET  
HOMESTEAD FL 33031 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

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 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 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 #

305-245-0547