

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90056 010 ***150.00

DOCUMENT # **PA000038376**

1. Entity Name

HOME GARDEN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14182
CORAL GABLES, FL. 33114

770691

2. Principal Place of Business

3. Mailing Address

2717 SEGOVIA ST **P.O. BOX 141182**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL GABLES, FL. **C.G. FL.**

4. FEI Number

050928140

Applied For

Not Applicable

Zip

County

Zip

County

33134 **DADE** **33114** **DADE**

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

JOSE A. CARDET
2717 SEGOVIA ST.
CORAL GABLES, FL. 33134

Name **LOUIS H. HILLMAN-WALLER, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
10 NW CELEUNE Rd. Suite 600

City

MIAMI

FL

Zip Code

33134

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

4/30/01

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

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 CITY-ST-ZIP

PRES./SE. / DIRECTOR
JOSE A. CARDET
2717 SEGOVIA ST.
CORAL GABLES, FL 33134

☐ Change ☒ Addition

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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

JOSE A. CARDET **305/486027**

Date **3.5.01** Daytime Phone #

CR2E034 (11/00)