

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075457

1. Entity Name

STARTER PLANTS, INC.

Principal Place of Business

Mailing Address

14260 S.W. 136TH STREET, #15
MIAMI FL 33186

14260 S.W. 136TH STREET, #15
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

24339 Adair Ave.

P.O. Box 1375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sorrento FL

City & State

Sorrento FL

Zip

32776

Country

USA

Zip

32776-1375

Country

USA

4. FEI Number

65-0947187

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

LEONARD, STEVE

14260 S.W. 136TH STREET, #15
MIAMI FL 33186

Name

JULIO C. GARCIA

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

P.O. Box 1375

City

Sorrento

FL

Zip Code

32776

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

JULIO C. GARCIA PRESIDENT

APRIL 9/01

(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, 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 D
NAME LEONARD, STEVE
STREET ADDRESS 14260 S.W. 136TH STREET, #15
CITY-ST-ZIP MIAMI FL 33186

☒ Delete

TITLE PRESIDENT
NAME JULIO C. GARCIA
STREET ADDRESS 24339 ADAIR AVE. P.O. Box 1375
CITY-ST-ZIP Sorrento, FL 32776

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VICE-PRESIDENT
NAME DIEGO GIL
STREET ADDRESS 24339 ADAIR AVE. P.O. Box 1375
CITY-ST-ZIP Sorrento, FL 32776

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

JULIO C. GARCIA

Date

04/09/01

Daytime Phone #

305 345 162



DO NOT WRITE IN THIS SPACE

023675

STATE-110000