

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90897 012 ***158.75

DOCUMENT # P99000075457

1. Entity Name

STARTER PLANTS, INC.

Principal Place of Business

**24339 ADAIR AVE
 SORRENTO FL 32776**

Mailing Address

**P.O. BOX 1375
 SORRENTO FL 32776-1375**

2. Principal Place of Business

10360 SW 150 Court

3. Mailing Address

P.O. BOX 771386

Suite, Apt. #, etc.

12201

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33196

Country

USA

Zip

33177

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

GARCIA, JULIO C

24339 ADAIR AVE

SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name **(Same) Garcia, Julio C**

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

10360 SW 150 Court

12201

City

Miami

FL

Zip Code

33196

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, JULIO C	
STREET ADDRESS	24339 ADAIR AVE P.O. BOX 1375	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIL, DIEGO	
STREET ADDRESS	24339 ADAIR AVE P.O. BOX 1375	
CITY-ST-ZIP	SORRENTO FL 32776	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Julio C	
STREET ADDRESS	10360 SW 150 Ct, # 12201	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gil, Diego	
STREET ADDRESS	10360 SW 150 Ct, # 12201	
CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio C. Garcia

4/24/02

Date

Daytime Phone #

305-388-2691

CR2E034 (9/01)