

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90362 019 ***150.00

0221250

DOCUMENT # P99000101239

1. Entity Name
CORLETT NURSERY, INC.

Principal Place of Business
10729 S.W. 104TH STREET
MIAMI FL 33176

Mailing Address
10729 S.W. 104TH STREET
MIAMI FL 33176

2. Principal Place of Business
6000 SW 210 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL
Zip
33332
Country

City & State
Zip
Country

4. FEI Number **65-0967943**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDSTON, STEVEN
10729 S.W. 104TH STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

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 _____ (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

TITLE **D** ☐ Delete
NAME **CORLETT, EDWARD S IV**
STREET ADDRESS **10729 S.W. 104TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or without other live empowered.

SIGNATURE: **CORLETT, EDWARD S IV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01
Date

Daytime Phone #

CR2E034 (10/00)