

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90064 046 ***150.00

DOCUMENT # S36861

1. Entity Name

AMERICAN FOLIAGE GROWERS, INC.

Principal Place of Business

Mailing Address

**8350 S. 96TH COURT
BOYNTON BEACH FL 33437
US**

**8350 S. 96TH COURT
BOYNTON BEACH FL 33437-4404
US**

2. Principal Place of Business

3. Mailing Address

8273 - 96th Ct. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boynton Beach, FL 33437

Zip

Country

Zip

Country

4. FEI Number

65-0263508

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

**ARMAS, GEORGE
8350 S. 96TH COURT
BOYNTON BEACH FL 33437**

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

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PP** ☐ Delete
NAME **ARMAS, GEORGE**
STREET ADDRESS **8350 S. 96TH COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)