

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80230

1. Entity Name

PLANT EXPERTS, INC.

Principal Place of Business

1813 WOOD HAVEN DRIVE  
WEST PALM BEACH FL 33406  
US

Mailing Address

P.O. BOX 17943  
W PALM BCH FL 33416-7943

2. Principal Place of Business

1391 SUMMIT RUN CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33415

Country

U.S.

Zip

Country

4. FEI Number

65-2597727

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

MAHMOOD, ANWAR  
1813 WOOD HAVEN DRIVE  
WEST PALM BEACH FL 33406

Name

MAHMOOD ANWAR

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

1391 SUMMIT RUN CIRCLE

City

WEST PALM BEACH

FL

Zip Code

33415

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

*MAHMOOD ANWAR, PRESIDENT*

2/27/2000

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)

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**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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ANWAR, MAHMOOD  
STREET ADDRESS 1813 WOOD HAVEN DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

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STREET ADDRESS  
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TITLE VP/T  
NAME MARIA ALKEA  
STREET ADDRESS 1391 SUMMIT RUN CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

☐ Change

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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:

*MAHMOOD ANWAR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/2000

Daytime Phone #

(561) 969-6362  
(561) 242-0222



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)