

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96822

1. Entity Name

AMERICAN FOLIAGE MIAMI, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90065 041 \*\*\*150.00

Principal Place of Business

Mailing Address

559 W. RAMBLING DRIVE  
WEST PALM BEACH FL 33414-5021  
US

559 W. RAMBLING DRIVE  
WEST PALM BCH FL 33414-5021  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0297674

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

## 7. Name and Address of New Registered Agent

WATERS MARK S  
559 W RAMBLING DR  
WEST PALM BEACH FL 33414

Name

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

19595 TRAILS END TERRACE

City

JUPITER

FL

Zip Code

33458

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 **P** ☐ Delete  
NAME **WATERS, MARK S.**  
STREET ADDRESS **559 W RAMBLING DR**  
CITY-ST-ZIP **WEST PALM BEACH FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **19595 TRAILS END TERRACE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **V** ☐ Delete  
NAME **WATERS, PATRICIA L**  
STREET ADDRESS **559 W. RAMBLING DR.**  
CITY-ST-ZIP **W. PALM BEACH FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **19595 TRAILS END TERRACE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **TS** ☐ Delete  
NAME **WATERS, HILTON B**  
STREET ADDRESS **559 W. RAMBLING DRIVE**  
CITY-ST-ZIP **W. PALM BEACH FL**

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

TITLE ☐ Delete  
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STREET ADDRESS  
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☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

361-793-8423

Daytime Phone #

CR2E034 (9/99)