

10F2

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **683721**  
1. Entity Name  
**RECIO NURSERY CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
00 JUL 12 AM 11:21

Principal Place of Business Mailing Address  
**8053 NW 64 ST.  
Miami, FL 33166**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

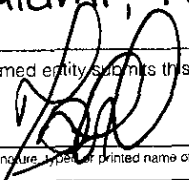
4. FEI Number **59-2030681** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARIO LIGNAROLO  
8053 NW 64 ST.  
Miami, FL 33166**

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, 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

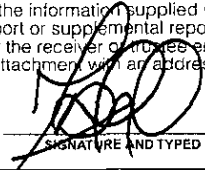
11. OFFICERS AND DIRECTORS		
TITLE	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>Mario Lignarolo</b>	
STREET ADDRESS	<b>8053 NW 64 ST.</b>	
CITY-ST-ZIP	<b>Miami, FL 33166</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>Hilton J. WALLACE</b>	
STREET ADDRESS	<b>1200 BRICKELL AVE #1720</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
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		<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		

**100003328591--6**  
**-07/19/00--0108**  Addition  
**\*\*\*\*150.00 \*\*\*\*150.00**

*Handwritten initials/signature*

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 #