

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000082973

FILED
Jan 18, 2002 8:00 AM
Secretary of State

Entity Name: CLASSICAL LANDSCAPE NURSERY, INC.

Current Principal Place of Business:

13205 SW 137TH AVENUE SUITE 211
MIAMI, FL 33186

New Principal Place of Business:

17450 S.W. 208 STREET
MIAMI, FL 33187 US

Current Mailing Address:

5880 COLLINS AVE
#302
MIAMI, FL 33140

New Mailing Address:

P.O. BOX 770998
MIAMI, FL 33177 US

FEI Number: 65-1042953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLEWETT, ROBERT D ESQ
801 N.E. 167 ST
2ND FLOOR
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COFFEY, MICHELLE
Address: 5880 COLLINS AVENUE APT 302
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: GARCIA, MANUEL JOSE
Address: 5880 COLLINS AVENUE APT 302
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COFFEY-GARCIA, MICHELLE L
Address: P.O. BOX 770998
City-St-Zip: MIAMI, FL 33177 US

Title: VPSD (X) Change () Addition
Name: GARCIA, JOSE MANUEL
Address: P.O. BOX 770998
City-St-Zip: MIAMI, FL 33177 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE L. COFFEY-GARCIA

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01/18/2002

Electronic Signature of Signing Officer or Director

Date