

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90350 014 ***550.00

DOCUMENT # P01000048255

1. Entity Name
A.J. BROTHERS NURSERY, INC.



Principal Place of Business

716 W. 37TH STREET
 HIALEAH FL 33012

Mailing Address

716 W. 37TH STREET
 HIALEAH FL 33012

2. Principal Place of Business

28950 SW 202 AVE

3. Mailing Address

28950 SW 202 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number

65-1126061

Applied For

Not Applicable

Zip
33030

Country
US

Zip
33030

Country
US

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

GUTIERREZ, GREGORIO SR.
716 W. 37TH STREET
HIALEAH FL 33012

Name
GREGORIO GUTIERREZ JR.
 Street Address (P.O. Box Number is Not Acceptable)
28950 SW 202 AVE

City
HOMESTEAD FL 33030

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gregorio Gutierrez*

Signature of officer 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	GUTIERREZ, GREGORIO SR.	716 W. 37TH STREET	HIALEAH FL 33012	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	GREGORIO GUTIERREZ, JR.	28950 SW 202 AVE	HOMESTEAD, FL 33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gregorio Gutierrez* **GREGORIO GUTIERREZ** 7/19/02 786-412-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)