

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90175 018 ***150.00

DOCUMENT # P02000033185

1. Entity Name
MASTER GARDEN CORPORATION



Principal Place of Business
13705 S.W. 52 STREET
MIAMI FL 33175

Mailing Address
13705 S.W. 52 STREET
MIAMI FL 33175



2. Principal Place of Business **14678 SW 99 STREET**
3. Mailing Address **14678 SW 99 STREET**
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 30-0061416	Applied For ☐ Not Applicable
Zip 33186	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, MANUEL A 13705 S.W. 52 STREET MIAMI FL 33175	7. Name and Address of New Registered Agent Name TORRES, MANUEL A Street Address 14678 SW 99 STREET City MIAMI FL Zip Code 33186
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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 MANUEL A TORRES 01/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, MANUEL A 13705 S.W. 52 STREET MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/ST TORRES, MANUEL A 14678 SW 99 STREET MIAMI FL 33186
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL A TORRES 01/22/03 (305) 387-7469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)