FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-28-2004 90001 048 ***150.00

DOCUMENT # P02000101325

1. Entity Name
New Source Nursery Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business	3. Mailing Address
16870 SW 232 St	16870 SW 232 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami FL	Miami FL
City & State	City & State
Zip 33170 Country USA	Zip 33170 Country USA

4. FEI Number 55-0801033 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL A. RUBIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 420 S. Dixie Highway Suite 4B

City: Coral Gables FL Zip Code: 33146

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P, VP
NAME	RAUL MENDOZA
STREET ADDRESS	4421 SW 102 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S, T
NAME	RAUL MENDOZA
STREET ADDRESS	4421 SW 102 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	RAUL MENDOZA
STREET ADDRESS	4421 SW 102 AVE
CITY-ST-ZIP	MIAMI FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 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 #