2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000058321** Aug 01, 2000 8:00 am Secretary of State 1. Entity Name J & A NURSERY, INC. 08-01-2000 90004 018 ***550.00 Principal Place of Business Mailing Address 19460 SW 187 AVE 19460 SW 187 AVE MIAMI FL 33187 MIAMI FL 33187 464619494 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0765155 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YZAGUIRRE, ANDRES Street Address (P.O. Box Number is Not Acceptable) 19460 SW 187 AVE MIAMI FL 33187 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete 🌼 ∽ TITLE TITLE YZAGUIRRE, ANDRES NAME NAME STREET ADDRESS STREET ADDRESS 19460 SW 187 AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33187** Change ☐ Addition ☐ Delete TITLE TITLE NAME SUAREZ, JOAQUIN NAME STREET ADDRESS STREET ADDRESS 19460 SW 187 AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33187** ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information susplied 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:

SIGNAPORE AND TYPES OF PRINTED NAMES SIGNING OFFICER OF DIRECTOR

2-25-0-305-2353993