

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90006 009 ***150.00

DOCUMENT # P01000031790

1. Entity Name
NURSERY REPORT, INC.

Principal Place of Business
18710 SW 288TH ST., ROOM 38
HOMESTEAD FL 33030

Mailing Address
18710 SW 288TH ST., ROOM 38
HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1102397

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOBIN, LUCIE
18710 SW 288TH ST., ROOM 38
HOMESTEAD FL 33030

Name
Michael Frederick, C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
15600 SW 288 St., Suite 305
City **Homestead,** **FL** **Zip Code** **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.

SIGNATURE *Michael Frederick, CPA*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/2002
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCHNEIDER, MARY**
STREET ADDRESS **18710 SW 288TH ST., ROOM 38**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **P** ☐ Change ☐ Addition
NAME **Rosario, Claudio**
STREET ADDRESS **18710 SW 288 St. Rm. 38**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **V** ☐ Delete
NAME **ROSARIO, CLAUDIO**
STREET ADDRESS **18710 SW 288TH ST., ROOM 38**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **V** ☐ Change ☐ Addition
NAME **Spurling, Jane**
STREET ADDRESS **18710 SW 288 St., Rm. 38**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **V** ☐ Delete
NAME **SHOCKLEY, CECE**
STREET ADDRESS **18710 SW 288TH ST., ROOM 38**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **V** ☐ Change ☐ Addition
NAME **Shockley, Cece**
STREET ADDRESS **18710 SW 288 St., Rm. 38**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **S** ☐ Delete
NAME **PINES, KEN**
STREET ADDRESS **18710 SW 288TH ST., ROOM 38**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **S** ☐ Change ☐ Addition
NAME **Pines, Ken**
STREET ADDRESS **18710 SW 288 St., Rm. 38**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **T** ☐ Delete
NAME **WELSH, MICHAEL**
STREET ADDRESS **18710 SW 288TH ST., ROOM 38**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **T** ☐ Change ☐ Addition
NAME **Welsh, Michael**
STREET ADDRESS **18710 SW 288 St., Rm. 38**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Claudio Rosario*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02
 Date

305-248-1117
 Daytime Phone #

CR2E034 (9/01)