

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 PM 6:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A09946

1. Entity Name

ALLAPATTAH NURSERY, LTD.

Principal Place of Business

10295 SW 248TH STREET  
MIAMI FL 33032

Mailing Address

10295 SW 248TH STREET  
MIAMI FL 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2046351

Applied For

Not Applicable

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

KASKEL, MATTHEW  
10295 SW 248TH STREET  
MIAMI FL 33032

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,320,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,320,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ROSS, BARRY  
1900 SW 3RD AVENUE  
MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

600005493076--7  
05/08/02-01065-015  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KASKEL, MATTHEW  
10295 SW 248TH STREET  
MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/17/02 301 281300

Date

Daytime Phone #

CR2E003 (9/01)