Ammendment

AMEND

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 A.M
Secretary of State

DOCUMENT # F68893

1. Entity Name

MERRITT ISLAND, NURSERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3820 N. COURTENAY PKWY.	779 E. MERRITT ISLAND CSWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 753
City & State: MERRITT ISLAND, FLORIDA	City & State: MERRITT ISLAND, FL.
Zip: 32953 Country: BREVARD	Zip: 32952 Country: BREVARD

DO NOT WRITE IN THIS SPACE MRD

4. FEI Number: 592172041 ☐ 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: JERRI A. VILLANUEVA-HAFIZ

Street Address (P.O. Box Number is Not Acceptable): 4092 TRADEWINDS TRAIL

City: MERRITT ISLAND FL Zip Code: 32953

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: [signature] JERRI A. VILLANUEVA-HAFIZ 7/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE	
NAME	HAMID HAFIZ	NAME	900022345259
STREET ADDRESS	4092 TRADEWINDS TRAIL	STREET ADDRESS	08/15/03--01038--007 **70.00
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JERRI A. VILLANUEVA-HAFIZ	NAME	
STREET ADDRESS	4092 TRADEWINDS TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	DAVID HAFIZ	NAME	DO NOT WRITE
STREET ADDRESS	3572 TIPPERARY DR.	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	CITY-ST-ZIP	
TITLE	VP	TITLE	IN THIS SPACE
NAME	MARYAM HAFIZ	NAME	
STREET ADDRESS	3382 TIPPERARY DR.	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] JERRI A. VILLANUEVA-HAFIZ (321)454-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #