

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90003 037 ***150.00

DOCUMENT # G25095

1. Entity Name

DADE COUNTY NURSERY REPORT, INC.

Principal Place of Business

Mailing Address

18710 SW 288 ST., RM. 38
 ROOM 38
 HOMESTEAD FL 33030
 US

18710 SW 288 ST., RM 38
 ROOM 38
 HOMESTEAD FL 33030-2309
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2256731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARLSON, ROBERT P.A.
15600 S. W. 288TH STREET
SUITE 305
HOMESTEAD FL 33030

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **GORDON, SYLVIA**
 STREET ADDRESS **11390 S W 93RD STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **P** Change Addition
 NAME **Stephen T. Garrison**
 STREET ADDRESS **1950 NW 10 Terr**
 CITY-ST-ZIP **Homestead, FL 33030**

TITLE **VP** Delete
 NAME **GARRISON, STEVE**
 STREET ADDRESS **1905 N W 10TH TERRACE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VP** Change Addition
 NAME **Mary Schneider**
 STREET ADDRESS **6420 S. Mitchell Manor Circle**
 CITY-ST-ZIP **Miami, FL 33156**

TITLE **SP** Delete
 NAME **RICHARDSON, DEAN**
 STREET ADDRESS **13141 S W 96TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SP** Change Addition
 NAME **Claudio Rosario**
 STREET ADDRESS **12500 SW 240 Street**
 CITY-ST-ZIP **Miami, FL 33032**

TITLE **S** Delete
 NAME **PARRISH, WES**
 STREET ADDRESS **6151 N W 66TH WAY**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **S/Pro Tem** Change Addition
 NAME **Ken Pines**
 STREET ADDRESS **14201 SW 216 Street**
 CITY-ST-ZIP **Goulds, FL 33170**

TITLE **T** Delete
 NAME **ALLEN, MIKE**
 STREET ADDRESS **13745 S W 216 STREET**
 CITY-ST-ZIP **GOULDS FL 33127**

TITLE **T** Change Addition
 NAME **Michael Welsh**
 STREET ADDRESS **28801 SW 157 Ave**
 CITY-ST-ZIP **Homestead, FL 33033**

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 193.07(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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 (1/14/99)