## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # G35531 1. Entity Name WEST END NURSERY, INC. Principa! Place of Business

Mailing Address

20850 S.W. 216 STREET MIAMI FL 33170

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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Apr 27, 2001 8:00 am Secretary of State

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City & State			City & State		<b>4.</b> F	El Number	59-2470505	5	<u> </u>	oolied For ot Applicable		
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	6. Name an	d Address of Current Re	egistered Agent			7. N	lame and Ad	ddress of New R	egistered A	gent		-
			-		Name			<del></del> -		-		
MCEWEN, LYLE C. 20850 S.W. 216 STREET MIAMI FL 33170				Street Address (P.O. Box Number is Not Acceptable)								
					City				Fact 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Zip Cod	ре	_
. The above	named entity si	ubmits this statement for t	he purpose of changing its	register	red office or	egistered agr	ent, or both.	in the State of Fid	orida.			]
//OIV/IIOIIL _	Signature typed or p	orinted name of registered agent an	citie if an p cable. (NOT	F Register	ea Agent signatur	e required when re	instating)		DA"E			i
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Tile NOW!!! File Now!! File Now!!! File Now!!! File Now!!! File Now!!! File Now!!! File Now!!! File Now!! F			001 Fac	e will be \$5	50.00		ion Campaign Fir Fund Contributio			00 May Be d to Fees		
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental teport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truefol empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tru changed, or on an attachment with an with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR