2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H96797

changed, or on an attachment with an address, with all other like empow

SIGNATURE:

1. Entity Name

ALONSO NURSERY FARMS, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90131 037 ***150.00

Daytime Phone #

					A COO WE THE	7				
Principal Place of Business 18600 S.W. 216TH ST. MIAMI FL 33170		Mailing Address- 18600 S.W. 216TH ST. MIAMI FL 33170								
2. Principal Place of Bu	3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	City & State					4. FEI Number 59-2661758 Applied For Not Applicable				
Zìp	ip Country			Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Address of New	w Registered A	gent	
					Name					
ALONSO, JULIO C		Street Ado			ss (P.C	s (P.O. Box Number is Not Acceptable)				
18600 S.W. 216TH ST. MIAMI FL 33170						•				
								FĻ	Zip Cod	е
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Trust Fund Contribu			00 May Be
10.	OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11
TITLE DP			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME ALONS	O, JULIO CESAR, JR.			NAM	IE					}
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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 Block 11 if										