

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90093 034 ***150.00

012835 AV

DOCUMENT # K91173

1. Entity Name
GARMIZO NURSERY & LANDSCAPING, INC.

Principal Place of Business

13425 NW 182ND ST
HIALEAH FL 33015
US

Mailing Address

PO BOX 1264
HALLANDALE FL 33008
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0127419**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HERMAN, ROBERT M.
5821 HOLLYWOOD BLVD.
SUITE 200
HOLLYWOOD FL 33021

NEW ADDRESS:
8751 W. Broward Blvd
PLANTATION, FL
33324-2630

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
GARMIZO, JAIME
STREET ADDRESS **1025 NE 207TH ST**
CITY-ST-ZIP **N MIAMI BCH FL 20210 N.E. 23rd CT NMB, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
GARMIZO, JANETTE
STREET ADDRESS **1025 NE 207TH ST**
CITY-ST-ZIP **N MIAMI BCH FL 20210 N.E. 23rd CT NMB, FL 33180**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARMIZO PRES. 2/11/02 (954) 680-3300

Date Daytime Phone #

CR2E034 (9/01)