

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90232 049 ****50.00

DOCUMENT # L01000002762

1. Entity Name

JARDIN CELESTIAL.COM, LLC.

Principal Place of Business

**12345 SW 187 TERRACE
 MIAMI FL 33177**

Mailing Address

**12345 SW 187 TERRACE
 MIAMI FL 33177**

2. Principal Place of Business

**1414 NW 107 AV
 Suite, Apt. #, etc.
 209**

3. Mailing Address

**PO Box 835516
 Suite, Apt. #, etc.**

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

Dade

Zip

33283-5516

Country

Dade

4. FEI Number

65-1068642

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CEVALLOS, PABLO
 12345 SW 187 TERRACE
 MIAMI FL 33177**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **Pablo Cevallos**
 CITY-ST-ZIP **1414 NW 107 Ave. suite 209
 Miami, FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TIME REQUIRED

04/09/02

Date

(305)234-7370

Daytime Phone #

CR2E083 (9/01)