

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

00 APR 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MNM

DOCUMENT # L95000000882

1. Entity Name
TROPICAL NURSERY FARMS, L.C.

Principal Place of Business
25300 S.W. 202ND AVENUE
HOMESTEAD FL 33031

Mailing Address
25300 S.W. 202ND AVENUE
HOMESTEAD FL 33031-1613

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0618854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLOUCHA, L. M
ATKINSON, DINER, STONE & MANKUTA, P.A.
1946 TYLER STREET
HOLLYWOOD FL 33022-2088

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM ALPHA BOTANICAL, INC.
STREET ADDRESS 02ND AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE NAME ☒ Change ☐ Addition
MGRM ALPHA BOTANICAL, INC.
STREET ADDRESS 25300 SW 202 AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE NAME ☐ Delete
MGRM CAMPBELLS FOLIAGE, INC.
STREET ADDRESS 17425 S.W. 275TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

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

TITLE NAME ☐ Delete
MGRM FOLIAGE FOREST, INC.
STREET ADDRESS 17350 S.W. 248TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

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

TITLE NAME ☐ Delete
MGRM SPRENGERS AND DRATH, INC.
STREET ADDRESS 23245 S.W. 162ND AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
MGRM PENANG NURSERY INC.
STREET ADDRESS 1678 ROCK SPRINGS ROAD
CITY-ST-ZIP APOPKA, FL 32704

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Richard A. Gallant 4/18/00 305-248-7635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)