

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000217

1. Entity Name  
MAX NURSERIES, L.L.C.

Principal Place of Business  
13675 SW 216 STREET  
GOULDS FL 33170

Mailing Address  
13675 SW 216 STREET  
GOULDS FL 33170

FILED

01 APR 27 PM 2: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 65-0819114

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG  
E, P.A. 101 MADEIRA AVENUE  
CORAL GABLES FL 33134

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MCINTOSH, RAYMOND  
STREET ADDRESS 13675 SW 216 STREET  
CITY-ST-ZIP GOULDS FL 33170

TITLE ☐ Change ☐ Addition  
NAME 300004211649-2  
STREET ADDRESS -05/11/01--01071--025  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME MCINTOSH, JOAN  
STREET ADDRESS 13675 SW 216 STREET  
CITY-ST-ZIP GOULDS FL 33170

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Raymond McIntosh*  
Raymond McIntosh, Manager

Date

4/26/01 305-251-2319  
Daytime Phone #

0028008 AF

CR2E083 (11/00)